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ARTICLE I.

CONSIDERATIONS ON THE RECIPROCAL INFLUENCE OF
THE PHYSICAL ORGANIZATION AND MENTAL MANI-
FESTATIONS. BY A. O. KELLOGG, M. D., PORT HOPE, CA-
NADA WEST.

THE CEREBRAL AND REPRODUCTIVE SYSTEMS—THEIR RECIPROCAL AND SYMPATHETIC INFLUENCES.

The intimate sympathy of these systems, both in health and when influenced by disease, furnishes an interesting subject for physiological, pathological and psychological investigation. In the field of purely physiological and pathological inquiry the labor has been abundant, and our medical literature has been enriched with works of standard excellence. But when we contemplate the reproductive system, whether in health or disease, in its relations to the cerebral system and to psychology, we are forcibly struck with the paucity and imperfection of our knowledge. The recorded facts which bear upon the reciprocal influence of these systems are widely scattered, and the attempt to collect, digest and systematize them, and make the necessary scientific deductions, would be a work of some importance, and one which would demand more time and space than is usually devoted to an article for a medical journal. I shall not, therefore, attempt even a synopsis of the physiology which is applicable to this subject, or enter into a labored and scientific investigation of the known sympathy which exists between these systems; but, presupposing a knowledge, on the part of the reader, of the physiology involved in the inquiry, confine myself to the pathological phenomena and their relations to psychology.

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The influence of excessive and unnatural excitement of the sexual organs upon the mental faculties has long been recognized. In tables setting forth the supposed causes of insanity, this has long occupied a prominent place, and though its influence as a cause of insanity has no doubt been overrated, still it is undoubtedly great.* Of the probable causes of derangement in three hundred and sixty-six cases of insanity, occurring in both sexes—as recorded in the report of the Superintendent of the New York State Lunatic Asylum for the year 1852,—eighty-seven, or nearly one-fourth of the whole number of cases, are reported to have arisen from causes directly connected with the reproductive system. In the report of the Superintendent of the same institution for the year 1853, of the supposed causes of insanity in four hundred and twenty-four cases, one hundred and seventeen, or more than one-fourth, appear to have had direct connection with some disturbance of the sexual organs. In the able and interesting report of Dr. Gray to the Managers of this Institution for 1853, of three hundred and ninety, seventy-two are supposed to have had some direct connection with derangement of these organs. From the above it would appear, that in nearly one-fourth of all the cases of insanity, occurring in both sexes, the disturbance of the generative organs was so marked as to be regarded as a *primary cause* of the mental derangement.

Whether the primary cause in these cases had its seat in the cerebral or the generative system, is a question no less interesting than difficult of solution, and one which could only be determined by an attentive consideration of the history of the cases reported, and a close observance of the true sequence of the symptoms in each. And, whether the primary link in the chain of morbid sympathies had its seat in the one system or the other, it is none the less important in relation to the reciprocal influence of the two.

As the functions of the reproductive system are far more important and intricate in the female than in the male economy, and as the pathological disturbances are, as a natural consequence of this, more frequent and interesting, we are, as a matter of course, to look to the female generative system for the most important illustrations of the sympathetic disturbances and reciprocal influences dependent upon these pathological lesions. Hence all the diseases which affect the female generative system have, at one time or another, been brought forward as causes of insanity. Even its most natural function, that of gestation, does, in some cases, by the peculiar change wrought in the

* See the testimony of the late Dr. Brigham in the Phillips Will Case.—*Journal of Insanity*, vol. vi, p. 132.

female economy, and the train of inexplicable nervous symptoms which result, give rise to insanity; and there are cases on record of females who have been positively insane during the whole of each period of utero-gestation, but who recovered their mental health and strength soon after delivery. The cases in which some slight mental or moral disturbance during gestation has been observed are numerous; there are many on record, and every experienced practitioner is able, no doubt, to recall to mind such slight disturbances.

The influence which the menstrual function, even when performed apparently in a healthy manner, exercises upon the mental faculties and moral feelings of some females is exceedingly interesting to the intelligent and philosophical observer. In certain abnormal states of this function the influence is still more apparent. I have been told by intelligent females, accustomed to analyze their own feelings, that they felt far less mental energy during this state than in the intervals, and that they possessed far less control over the moral feelings than at other times, were more easily excited, and that the most trifling circumstances, which at other times would pass unheeded, have, in spite of every effort, greatly disturbed their equanimity. In some whom I have known, of a nervous, excitable temperament, their whole character appeared changed during the menstrual period, and from being cheerful, kind, firm, patient, and decided, they became morose, taciturn, wayward, fidgety, and impatient, frequently manifesting a certain nervous irritability bordering on hysteria, and were sometimes overcome by paroxysms of that interesting affection.

The changes which take place in the mental and moral faculties about the time of puberty, are in both sexes very interesting, particularly so in the female. These have been frequently alluded to by medical writers, as attendant upon a fuller development, and higher manifestations of vitality in the sexual organs. During these changes the nervous system exhibits increased susceptibility and sensibility, and not only the whole frame, but also the mental manifestations present greater activity of development. "The mind," says Dr. Copland, "acquires extended powers of emotion and passion, and the imagination becomes more lively. If, on the other hand, the uterine organs continue undeveloped, and the menstrual discharge does not appear, the mind is dull, weak, or depressed, and the emotions and passions are imperfect or altogether absent."*

The young female, who, up to the time of these changes, has appeared, comparatively speaking, a non-sexual being, in her intercourse

* Dictionary of Medicine. Art. Menstruation, vol. ii, p. 959.

with her companions, playing in childlike innocence and unrestrained freedom with the opposite sex as with her own; ignorant and unconscious of the powers within her which are soon to be awakened from their slumbers, begins, as she now approaches the verge of womanhood, to be animated with feelings and desires to which she was before a complete stranger, and which she regards with a deep interest as the forerunners of something, she scarcely knows what, and which she feels inclined to cherish, yet shrinks from, as though she knew not whether they were of good or evil omen.

In her intercourse with her former playmates of the opposite sex, there appears gradually to have dawned upon her an interesting shyness and maidenly reserve. Expressions which before conveyed no meaning to her pure mind, and which even now are but partially understood, are yet sufficiently so to tinge her cheek, and cause her to shrink back instinctively, as from some foul and pestilential presence. Her likes and dislikes are stronger, and rendered more apparent to those around her. In short, the physical changes brought about in a limited period of time in the sexual system have wrought a complete change in the mental and moral character of the young girl, and this most interesting period of transition terminates in that of complete womanhood, with all its desires and its aspirations, its hopes and its fears, its joys and its sorrows.

But it is in connection with the various diseases incident to the female generative system that we are to look for the more curious illustrations of this cerebral sympathy. The abnormal mental state of many patients laboring under hysteria, menorrhagia, dysmenorrhea, amenorrhea and the affections intimately associated with uterine derangement has long been observed by medical men. "In at least three cases out of four," says Dr. Francis, "I have found hysteria associated with uterine derangement, and the restoration of the menstrual function to its healthy state has proved the precursor of the removal of the hysterical annoyance." Hysteria, again, may manifest itself chiefly by disorder of the mental faculties, and the moral feelings and emotions. "The mental affections," observes Dr. Copland,* "connected with hysteria may be referred, 1st, to certain states of monomania, among which excited desire, amounting in some cases to nymphomania, may be enumerated; 2nd, to *ecstasis* and mental excitement, in some cases of a religious nature, in others of different descriptions; 3rd, to a state of somnambulism; 4th, to a form of delirium, generally of a lively character, with which various hysterical symptoms are often conjoined; 5th, to various

* Dictionary of Medicine, vol. ii, p. 321.

delusions, generally of a hypochondriacal kind, to which the patient may become subject, or even the victim, owing to the indulgence it may meet with from imprudently kind relatives; and, 6th, to a desire to feign various diseases, sometimes of an anomalous or singular form."

The subjoined remarks of this same acute and philosophical physician are so apposite that we cannot resist the temptation to transcribe them in this connection. "Hysterical females," says he, "are not merely capricious or whimsical, but they often become enthusiastic for a time in the pursuit of an object, or in cherishing an emotion by which they have been excited. In many such cases the nervous excitement and vascular turgescence of the uterine organs determine the character of the mental disorder; elevating certain of the moral sentiments, or of the intellectual manifestations, to a state of extravagance, passing in some instances into delusion or monomania. Many cases of puerperal mania are merely extremes of the hysterical disorder of the moral and intellectual powers or states of the mind. All these more extreme forms of mental affection are observed only where, in connection with much local or uterine irritation, there is great deficiency of nervous energy generally, and of mental power in particular; or where, with such deficiency, there has been much injudicious culture, or perversion, or improper excitement of the imagination. Females sometimes become passionately attached to an object, and this passion may advance even to nymphomania or monomania. * * * * *

The hypochondriacal feelings, the desire to deceive, or to simulate various diseases, or the delusions which sometimes possess the minds of hysterical females may be classed with the foregoing, as requiring a similar plan of treatment. In all of them the *intentions of cure* are, to remove irritation or vascular turgescence of the uterine organs; to improve the general health; to strengthen the nervous system; to calm the imagination, and to guide the moral impulses of the patient. The most efficient, however, of these means are not likely to be adopted by the patient. Few will resort daily to the shower bath, or even occasionally to terebinthinate enemata, or submit to a course of tonics, or to a suitable regimen, &c., while she believes her health but little affected. Even when the hysterical disorder is of a very painful kind, the variability or capricious state of her mind leads her to run from one physician to another before opportunity of administering aid is afforded to any. At last, the most notorious charlatans—particularly those who either *excite the body through the mind, or the mind through the body*, the animal magnetizers, the homœopathists, the St. John Longs of rubbing celebrity, and the Campbells of celestial-bed notoriety

—fix her attention. At such medical bagnios there is something promising gratification as well as excitement, and at such places hysterical as well as hypochondriacal patients 'most do congregate.'"^{*}

When we pass from the consideration of the influence of the reproductive system upon the cerebral, to take a view of the influence of the latter upon the former, we enter upon an inquiry possessing as profound an interest as any in the whole domain of science; and here again, as before, we have to look to the female economy for the most interesting facts and phenomena illustrative of this mysterious and inexplicable sympathy. The results of this influence, if we allow ourselves to believe the statements, and receive as evidence what is brought forward as fact in illustration of it, are indeed sometimes most extraordinary; and the unmistakable evidence of this which is from time to time presented to the medical observer, is sometimes so curious as to make him pause before rejecting, as the workings of a morbid imagination, the statements which are sometimes made by intelligent females whose veracity we cannot doubt, and whose motives for deceiving us we are unable to discover.

There are few physicians of experience who will not be able to call to mind some extraordinary statements made to them by females in reference to this sympathy, which at the time, no doubt, merely called forth a smile of incredulity or surprise at what was then regarded as the result of superstition, or of a morbid imagination, but which, in after hours, has been seized upon by him "as food for reflection."

Take the following cases as examples in illustration of this. An intelligent lady once pointed out to me a large *maternal mark* on the body of her young daughter, which she accounted for in the following singular manner. At the time of her pregnancy she was once retiring to bed accompanied by a female friend who happened to be staying with her at the time. After having undressed herself, and as she was changing her underclothing, her companion observed a live toad hopping around the room, into which, by some means, it had found its way. Her companion caught up the creature, and threw it at her, hitting her on the bare body, causing her to shudder and experience the most intense feelings of disgust as the cold, slimy body of the toad came in contact with her person. When the child, at the time in her womb, was born, this mark on its body was found, the position of which, said the lady, corresponds precisely with the spot where her own was struck by the body of the toad. The result (supposing it to be such) of the mental impression in the following case is much more interesting.—

^{*} Dictionary of Medicine, vol. ii, p. 337.

Mrs. N., of T., a highly intelligent lady, of refined and cultivated tastes in art, particularly painting,—is the mother of several interesting daughters. Though highly intelligent children, with one exception they are not remarkable for personal beauty. The one which forms the exception possesses one of the most lovely and beautiful faces I ever beheld, the expression of which is so truly angelic as to attract the attention and call forth the admiration of every one who sees her. Once when conversing with the mother respecting her children, and remarking upon the extraordinary beauty of the one alluded to, she said to me that she had a peculiar theory of her own to account for the uncommon features of this child, so unlike any of the others or either of its parents. Her theory was this, and though strange, she considered it quite as sensible as some other theories brought forward to account for strange things.

While pregnant with this child, her husband, who is a man of wealth and a connoisseur in art, purchased a beautiful painting—a Madonna, either an original or some excellent copy of one of the old masters—and hung it in the drawing-room. She was enraptured with the sweetness and beauty of this picture, and often sat for hours together with it hanging before her while at her work. To this circumstance Mrs. N. attributed the sweetness and beauty of this child's face, so unlike either of the others. Between the features and expression of this picture and those of the child there was certainly a similarity.

The manner of life led by Letitia, mother of the great Napoleon, while pregnant with the embryo warrior, has been supposed to have influenced in a high degree his extraordinary organization, and helped to determine his character. She appears, by the concurrent testimony of all, to have been a woman of strong character, and was often placed in circumstances requiring its vigorous exercise; and at no period of her life do her resolution and firmness appear to have been more heavily taxed than during the civil war which desolated the island of Corsica, immediately before it became a part of France. Her husband was an officer under General Paoli, and she followed him on horseback wherever he went, sharing his dangers; even when pregnant with Napoleon she appears not to have been deterred from this by the embarrassing circumstances of her delicate condition, but was exposed thereby to many perils which few women have nerve to endure, and even less to be able to carry a conception to its full time. There cannot be the slightest doubt that all this had a marked influence on the organization and character of the child which was then being evolved within her womb.

Cases in which the death of the fetus has been caused by some sudden shock, or some powerful mental or moral emotion in the mind of the mother are numerous. I have been told repeatedly by females who have given birth to dead children, that, after some powerful mental or moral emotion, they ceased directly to feel any movement of the fetus, and have dated the death of the being within them from that moment. Of the extraordinary influence of mental emotion upon the secretion of milk, and through this upon the health of the nursing infant, we have many interesting examples; and it would be of the utmost practical importance to diffuse more information among nursing females on this subject. I am confident that I have frequently seen the death of the nursing infant result from ignorance of the mother of this important influence; and several cases are now presented to my recollection, where the life of the infant has been placed in the utmost jeopardy by its mother's nursing it when in a state of powerful mental excitement. Not long since I was called to see a child aged seven or eight months, which, up to a short time before my being sent for, had been in a most thriving condition, exceedingly healthy and robust. I found the child in a state approaching complete coma, in a condition much resembling that which results from hydrocephalus, or anæmia of the brain, as the result of some exhausting disease. It had suffered no such disease; and as the coma had come on suddenly, constipation of the bowels only having been observed as its forerunner, I felt puzzled to determine the true cause. After, however, a free action of the bowels, for which large doses of cathartic medicine were required, it rapidly regained its consciousness, and, after passing dark green stools for a number of days, completely recovered. The mystery which shrouded this case, and which I was not able to unravel at first, was soon, however, explained; for, in conversation with a near neighbor, I learned that the mother, who was a woman of very violent temper, had for a number of days been giving way to most intense paroxysms of rage, which had been expended upon her husband, for selling a piece of property against her wishes. During all this time she was nursing her child. I immediately requested the mother, if she wished to rear her offspring, of which she was passionately fond, to suspend nursing it under such a state of mental excitement; and if she could not control herself, and make up her mind to be quiet and cheerful, it would be advisable to wean the child, or employ a wet nurse, while giving the reins to her passion, and not allow its force to be expended upon the frail being who was innocently drawing its nourishment from her bosom. She appeared to feel the justice of the reproof, and was,

doubtless, more careful for the future, as the child did well, though not weaned for several months after this occurrence.

Another lady, of a highly excitable temperament, the mother of three children and who had frequently been under the medical care of the writer, gave birth to her first male child about one year since. The child was healthy, and appeared to thrive well for four or five weeks. Its mother, on first leaving her room, was, as is frequently the case with careful housewives, somewhat excited and vexed with the condition of things in the kitchen, and the "high life below stairs" which had evidently been led by the servants during her confinement. She was also excited, on the same day, by the arrival of some friends. In addition to this, after retiring to her room, she heard the child next in years to the infant fall down a flight of stairs. She was much alarmed, had the child brought up to her room, screaming, with its nose bleeding and broken. She took it upon her lap, bathed its face, and after stanching the hemorrhage and quieting the child to sleep, she, most imprudently, and, though a highly intelligent person, ignorantly and innocently suffered the infant to nurse after this crowning excitement of the day. Its bowels became immediately deranged, the stools green, high fever and convulsions supervened, and the child died in great agony in less than three days, with all the symptoms of violent inflammation of the bowels. Such cases ought to be a warning to all mothers, and the conscientious physician will be doing his duty in advising such excitable persons of these dangers, that they may avoid the pain consequent upon the sickness and frequently the death of their offspring, of which they have been, though ignorantly, and perhaps innocently, the cause.

"No secretion," says Dr. Carpenter,* "so evidently exhibits the influence of the depressing emotions as that of the mammae." Sir Astley Cooper, in his able Treatise on the Breast, says, "The secretion of milk proceeds best in a tranquil state of the mind; then the milk is regularly abundant, and agrees well with the child. On the contrary, a fretful temper lessens the quantity of milk, makes it thin and serous, and causes it to disturb the child's bowels, producing intestinal fever and much griping. *Fits of anger* produce a very irritating milk, followed by griping in the infant, with green stools. Grief has a great influence on lactation, and consequently upon the child. The loss of a near and dear relative, or a change of fortune, will often so diminish the quantity of milk as to render adventitious aid necessary for the support of the child. Anxiety of the mind has also the same effect.

* Human Physiology, p. 475.

The reception of a letter which leaves the mind in anxious suspense lessens the draught, and the breast becomes empty. If the child be ill, the mother is anxious about it; she complains to the medical attendant that she has little milk, and that her infant is griped, and has frequent, frothy, and green motions. *Fear* has the same influence: the apprehension of the brutal conduct of a drunken husband will, for a time, stop the secretion. Terror, which is sudden, and great fear instantly stop the secretion."

From the great importance which attaches itself to this subject, I deem no excuse necessary for transcribing the following cases, the most interesting on record in reference to this matter.

A carpenter fell into a quarrel with a soldier billeted in his house, and was set upon by the latter with his drawn sword. The wife of the carpenter at first trembled with fear and terror, and then suddenly threw herself furiously between the combatants, wrested the sword from the soldier's hand, broke it in pieces, and threw it away. During the tumult some neighbors came in and separated the men.

While in this state of strong excitement, the mother took up the child from the cradle, where it lay playing, and in the most perfect health, never having had a moment's illness; she gave it the breast, and in so doing sealed its fate. In a few minutes the child left off nursing, became restless, panted, and sank dead upon its mother's bosom. The physician, who was called in instantly, found the child lying in the cradle as if asleep, and with its features undisturbed; but all his resources were fruitless: it was irrecoverably gone. In this interesting case the milk must have undergone a change which gave it a powerful sedative action upon the susceptible nervous system of the child.

A lady, having several children, of which none had manifested a tendency to cerebral disease, and of which the youngest was a healthy infant a few months old, heard of the death, from acute hydrocephalus, of the infant of a friend residing at a distance. The circumstance made a strong impression upon her mind, and she continued to dwell upon it. One morning, shortly after having nursed it, she laid the infant in the cradle, asleep, and apparently in perfect health; her attention was shortly attracted to it by a noise, and, on going to the cradle, she found her infant in a convulsion, which lasted for a few minutes, and then left it dead. Now, although the influence of the mental emotion is less unequivocally displayed in this case than in the last, it can scarcely be a matter of doubt, since it is natural that no feeling should be stronger in the mother's mind, under such circum-

stances, than the fear that her own beloved child should be taken from her, as that of her friend had been; and it is probable that she had been particularly dwelling upon it at the time of nursing the infant on that morning.

A mother had lost several children, in early infancy, from convulsive disorder. One infant, however, survived the usually fatal period; but, whilst nursing him one morning, she had been strongly dwelling on the fear of losing him also, although he appeared a very healthy child. In a few minutes after the infant had been transferred to the arms of the nurse, and while she was urging her mistress to take a more cheerful view, directing her attention to his thriving appearance, he was seized with a convulsive fit, and died almost instantly.*

Mr. Wardrop, in the *Lancet*, No. 516, states, that, having removed a tumor from behind the ear of a mother, all went on well, until she fell into a violent passion, and the child being suckled soon afterwards, died in convulsions. He was sent for hastily to see another child in convulsions, after taking the breast of a nurse who had just been severely reprimanded, and was informed by Sir R. Croft that he had seen many similar instances.

Three cases are recorded by Burdach (*Physiologie*, § 522), in one of which the infant was seized with convulsions on the right side, and hemiplegia on the left, on nursing after the mother had met with some distressing occurrence.

Another case was that of a puppy, which was seized with epilepsy, on sucking its mother after a fit of rage.

The influence of strong mental emotion upon the menstrual secretion is very marked. There are few women of intelligence who have not noticed this fact, and this influence is particularly marked in any of the usual disorders of menstruation. Menorrhagia is almost invariably aggravated by powerful mental emotions. Some forms of dysmenorrhœa are not only caused, but rendered more painful by mental or moral disturbance. Acute suppression of the menses may arise, says Churchill, from a bodily or *mental* shock received either just previous to, or during menstruation; and gives, in a note, the following interesting illustration of this. Almost all the women, says he, who are sent up to the Richmond Penitentiary, after being tried at the Recorder's Court, labor under suppression of the menses, in consequence of the mental agitation and distress they have undergone. But it is unnecessary to multiply illustrations of this, as I am anxious not to be led by the interest which attaches itself to this subject to exceed the limits within which I proposed, at the commencement, to confine myself.

* *Op. cit.*, 475-6.

ARTICLE II.

HOMICIDAL INSANITY.—THE CASE OF NANCY FARRER.

By J. J. QUINN, M. D., SUPERINTENDENT OF THE HAMILTON COUNTY LUNATIC ASYLUM, CINCINNATI, OHIO.

One of the most important trials for homicide, in which insanity was set up as a defense, that has taken place in the courts of Hamilton county, was the trial of Nancy Farrer. This case is remarkable, not only from the enormity of the acts with which the prisoner was charged, but also from the different opinions of medical and other witnesses; the conflicting verdicts of different juries, returned upon the same testimony; and the varied opinions of the different judges, before whom the case, in some form, came up. By one court and jury the evidence was considered sufficient to regard the prisoner as a sane, and therefore responsible person. By another legal tribunal the same testimony was regarded as conclusive of her insanity and irresponsibility. Which tribunal gave the true decision? The circumstances of the murders of which she was accused, and the history of her previous life, habits, and character, can, perhaps, best answer.

In July, 1851, Nancy Farrer went to live with a Mrs. Green, to take care of her in her accouchement. A few days after the delivery of his wife, Mr. Green left home, Nancy remaining in charge as nurse. The patient kept some money (two or three hundred dollars) under her pillow, from which she occasionally took change for the nurse to purchase medicine. The money and the place of its concealment came to the knowledge of Nancy. It appears that she and a Mrs. Bazley, an occupant of another part of the house in which Mrs. Green resided, entered into an agreement or conspiracy to obtain this money. A conversation between the two was accidentally overheard, which showed this agreement. Mrs. Green recovered favorably from her confinement, and continued well until the 6th of August, one month after the birth of her child. She was then taken suddenly ill with symptoms of poisoning by arsenic. As some of these symptoms resembled those of cholera, and as that disease had not entirely disappeared from Cincinnati, foul means were not suspected. On the occurrence of vomiting Nancy was dispatched for the family physician. The summons, however, was not known to him until the next day, when he was again sent for. The first violent symptoms partially subsided, but the vomiting, burning in

the throat, &c., again returned,—again subsided and again returned, until the 10th of September, when the medical attendant, leaving for the East, placed his patient in charge of a medical brother. The same occasional subsidence and renewal of the symptoms continued during the attendance of the second physician, until the 3rd of October,—nearly two months after the first seizure,—when the patient died. Mrs. Green's child died three weeks before the mother. The symptoms were the same in both, and the child was supposed to have been affected through the nourishment of the mother. Nine days prior to the death of Mrs. Green, a consultation was held with another physician, but there is no evidence, except a subsequent intimation from Nancy, that either he or the other attendants suspected the administration of arsenic.

During the illness of Mrs. Green, she was visited by a lady friend. While there, the visitor partook of some ice water, contained in a pitcher from which the patient was supplied with drink, went home, and was soon after seized with symptoms of poisoning. The pitcher was not placed beside the sick woman, but was kept upon a cupboard in the room, and some of its contents given frequently to the patient. While this lady was in the room with Mrs. Green, Nancy entered and informed her that she had been sent for to go home, as there was company waiting for her. This was not true; and when upbraided, the next day, for the falsehood, Nancy excused herself by saying that it was another person of the same name who had been sent for.

In a conversation partially overheard between Nancy and Mrs. Bazley, just before the death occurred, the former remarked that the "doctors said they did not know what ailed her" (Mrs. Green). Mrs. Bazley replied, "Nancy, I think you know her disease better than anybody else," and Nancy answered, "I think I do."

After the decease of Mrs. Green, a friend, who took charge of her effects, thought some articles were missing. That a certain quilt was gone he felt confident. He returned and inquired of Mrs. Bazley for the quilt. She denied any knowledge of it, and said it must be at the washerwoman's. She directed Nancy to go and inquire for it, taking the person into an adjoining room to await her return. As soon as the parties entered the other room, Nancy, instead of proceeding to the washerwoman's, went to a bed in the room which they had left, abstracted the missing property from under it, placed it under her arm, went into the street, returned into the house, entered by a different door the room in which her accomplice and the friend of the deceased awaited her, and delivered up the property. In her circuitous route with the quilt, a small child of Mrs. Bazley's attempted to follow her,

threatening "to tell." Nancy rebuked her, stamped her foot at her, and told her to go down stairs.

It was in evidence that Nancy knew the value of money, as she had received and appropriated it to her individual uses. Previous to the time she came to take care of Mrs. Green, a lady with whom she lived (Mrs. Isherwood) had missed some property, and accused her of stealing a dollar. With this single exception, her character had been that of an honest, upright girl. There seems to have been nothing gained by the death of Mrs. Green. The money was removed after the suspicious conversation was overheard, and the quilt, the only article positively missed, was restored.

About the 27th of October, or some three weeks after the death of Mrs. Green, we find Nancy, in the character of servant, at the house of Mr. Elisha Forest—a short distance from the scene of the above occurrences. Mr. Forest's wife was laboring under phthisis pulmonalis, and though not constantly confined to her bed, her death had been expected for some time. On the very evening of the day on which Nancy first went to live with her, Mrs. Forest was seized with symptoms of poisoning. Nancy had prepared a supper for her, which consisted in part of fried potatoes. No sooner had she partaken of the potatoes than she complained of their containing so much pepper, or some other hot substance, that they burned her throat. The irritation of the throat was immediately followed with vomiting and other symptoms resembling the poisonous effects of arsenic, which continued one week, when she died.

The day after this fatal supper had been prepared, Mrs. Forest was visited by a girl who had previously lived with her. During this visit, the girl drank some water, and became so sick afterwards that she remained all night. Nancy inquired of this girl whether Mrs. Forest was not "a cross woman." On being answered in the negative, she said she had insulted her more than she had ever been insulted before; that "she had made her scrub the floor over because it was not clean enough, and stood in the door and watched her." Nancy also added, "she had a notion of speaking back about it, but thought she would fix her for it."

While Mrs. Forest was sick, Nancy asked a neighboring lady, who was visiting the patient, what she thought of her. The lady replied she "hardly knew,"—that she (Mrs. Forest) was very sick. Upon this Nancy remarked, that she had been taken "with vomiting and heaving, just like Mrs. Green."

Another lady remarked to her, during Mrs. Forest's illness, that it was singular she should be taken worse after having been so much better in

the afternoon. Nancy said, "It was just the same way with Mrs. Green; that she (Mrs. Forest) took to heaving, just like Mrs. Green, and she did not think she would live."

The night following Mrs. Forest's death, some of the neighbors sat up, and were told by Mr. Forest to get what they wanted to eat in the kitchen. At the request of one of the party, a lady went into the kitchen to prepare something. She increased the fire, took the tea-kettle—containing water not yet cold—from one part of the stove, and placed it upon another, to boil. At this moment Nancy entered and snatched the kettle off the stove, saying, "You devil you, I have a notion to kill you." She placed the kettle with the warm water behind the stove, put the coffee-boiler in its place, and poured cold water into it out of the bucket. To a remark of the lady, that she would not "kill" her, Nancy made no reply.

On the 20th of November, two and a half weeks after the death of Mrs. Forest, her youngest child, John Edward Forest, aged two years and eight months, was taken sick, and died the next day.

While this child was "laid out," Nancy remarked to the same girl to whom she had spoken of Mrs. Forest's "crossness," and who was assisting to make the shroud, "how lucky she was with sick folks.—'They all died in her hands.'" The girl said, "May be you killed them," and Nancy rejoined, "May be I did." Both girls conversed in a careless and smiling way, and the remarks of Nancy excited no particular attention at the time. Previous to this conversation, James, an elder child, wanted the visitor to take some molasses syrup, which Nancy had made for the children. Nancy interposed, telling her not to taste it, that it would make her sick. She tasted a little of it, however, to satisfy the child, but experienced no bad symptoms from it.

Two or three days after the death of the child, a gentleman remarked to her that she had "very good luck" in losing people on whom she waited. She said yes,—that she had lost six persons. On enumeration, however, the number proved to be only five—the four referred to above, and the child of another person. To a question as to what had been the matter with Mrs. Forest and her child, she replied that the doctor had stated, but she had forgotten. She added, "In a week or two Jimmy will die." Being interrogated what was the matter with him, she said she did not know, "only he would not eat." Jimmy was the child who had wanted the former servant girl to taste the molasses syrup, and with the murder of whom she was subsequently charged. He was at this time in his usual health, running about and playing with other children. During this conversation, there was no excitement or emotion observed in her conduct. Her manner was that of relating an ordinary fact.

On the 27th of November (a few days after this) a lady, who had been acquainted with Nancy four or five years, remarked to her that she was unfortunate in living where so many died. She said, "Yes, five have died where I lived." She named Mrs. Green and her baby, Mrs. Forest and Johnny, and stated that Mrs. Isherwood's baby had died a day or two after she left. Mrs. Isherwood was the lady who had accused Nancy of stealing a dollar. To a query as to what had been their complaint, she said that "Mrs. Forest was consumptive and she expected the children were like her." She said, "Jimmy will go next, and Billy and the old man, and I expect they will all go of one complaint." Billy was the eldest son of Mr. Forest. At this conversation she exhibited no unusual emotion, and said she did not feel alarmed about the deaths,—that she "did not think anything of them."

On the morning of the first of December, eleven days after the death of Johnny, Nancy was seen going in the direction of a drug-store, at which it was subsequently ascertained she had purchased arsenic. When asked where she was going, she said "to buy muslin." A short time after this (the same morning) she was in company with James Wesley Forest, a child aged eight years and four months. A neighboring lady, noticing that the child appeared to be laboring under catarrh, advised her to give him some onion syrup, furnished her with a few onions, and directed her how to prepare and administer it. In less than an hour Nancy returned to the lady's house and informed her that Jimmy was very sick,—“taken with a vomiting and heaving, just the same as little Johnny was.” The lady went to Mr. Forest's, saw the child, and asked what could have made him so sick. Nancy and the child both replied that "it was the onion syrup,—that he had not taken anything else." The lady remarked that "they (the mother and children) are all dying of the same disease," to which Nancy made no reply. To another lady who visited the child during his illness she appeared confused when asked what he had eaten to make him so sick, and answered "toast and coffee." With the exception of this confusion, which was noticed by one witness only, there was still no change observable in her conduct or demeanor.

When James was taken sick, Nancy proceeded, after informing the lady from whom she had obtained the onions, to the work of Mr. Forest, and notified him of his child's sickness. She also mentioned it to several others on the same day. To one she said "he was just taken like little Johnny, and she did not think he would live." And to an inquiry as to what she was sewing at the time, she answered that she was making a pair of drawers for him, as she thought he would need them.

The child was taken sick on Monday. That night the father sat up with him until 4 o'clock A. M. of Tuesday, when he left him in charge of Nancy. It appeared that he was better through the first part of the night, while his father remained with him, but under Nancy's attendance the symptoms increased towards morning. On Tuesday evening, at 9 o'clock, the patient seemed so improved that the attending physician thought he would speedily recover from the attack. That night Mr. Forest again sat up with his child, until 3 A. M. of Wednesday. Having felt unwell himself through the night, he then retired, leaving James, as on the previous morning, in charge of Nancy. Under her care the improvement ceased. Daylight found the symptoms returned in an aggravated form. The little sufferer sank rapidly, and died shortly after 2 P. M. in convulsions—two days and four hours after the first symptoms occurred.

After James became sick, two neices of Mr. Forest called to see him. The younger one took a draught of the water which was intended for the patient, and was seized with vomiting in half an hour. The other drank water not intended for the sick child, and experienced no bad effects.

On Tuesday, the day before the death of the child, Nancy went to the woman from whom she had procured the onions, and requested her to wash a shirt for Jimmy, as she "did not think he would live, and they would want it to lay him out in." On the same day, Mr. Forest remarked that if the physician could not discover the disease under which James was laboring, he would have a *post mortem* examination made in case of his decease. Nancy heard the remark, but said nothing. That evening, fifteen or twenty minutes after they had eaten supper, Mr. Forest and his eldest son, a boy 11 years of age, were seized with symptoms similar to those of which his wife and youngest child had died, and under which a third member of his family was then laboring. Nancy had until this time invariably taken her meals with the family. This evening, however, she did not sit down to the table with Mr. Forest and his son. She sat down to her supper after they had finished; and although she had always been in the habit of eating potatoes, if any had been prepared, she on this occasion avoided some that had been fried and placed before Mr. Forest and his child. The boy thought the fried potatoes had a "sweet taste" and partook of them freely. Nancy, however, passed them by, and, after she had finished her supper, gathered them up with the crumbs and threw them into the yard. The boy remained sick until about midnight, and Mr. Forest continued to vomit until 3 A. M. of Wednesday, when he lay down.

Before James died, Nancy asked what physicians were to be sent for "to hold a council over him." She was told that Mrs. Green's regular attendants had been sent for. She said, "it was no use to send for them. They did not know what ailed Mrs. Green, and could not tell what ailed Jimmy. If they would send for Dr. J., he could tell right away. He knew right away what ailed Mrs. Green." Dr. J. was the physician who was called in consultation before Mrs. Green's death, but there was no proof in the trial what he had stated to be the cause of her suffering. The doctor's own testimony was, that he found her greatly prostrated with inflammation of the stomach, and found many of the symptoms usually produced by arsenic; but there was no evidence that he suspected poisoning at the time of his visit.

Up to the death of James, Mr. Forest seems not to have had the least suspicion of the true cause of the visitation that had fallen upon his family. He saw his wife and two youngest children sicken and die of a disease which the family physician could not name or account for. He found his only surviving son and himself seized with symptoms which ushered in the last illness of his wife and children. And yet he suspected no murder! He thought the events strange, mysterious; wondered that the physician could not discover the cause; determined to have a *post mortem* examination to penetrate the mystery; spoke of his intentions in presence of Nancy; but the idea of poison had never crossed his mind.

A *post mortem* examination of the body of James was made, and revealed the presence of arsenic in the stomach. The bodies of John Edward Forest, Mrs. Forest, and Mrs. Green were exhumed, and chemical analysis also detected arsenic in each of their cases. The symptoms in all the victims corresponded, in every particular, to those produced by arsenic; and the *post mortems* proved, beyond doubt, that all the persons named died from the effects of that poisonous drug. It was proven that Nancy purchased arsenic, during the period that death and destruction were following in her path, on at least five or six different occasions, and at three different drug-stores, no two of the stores being less than half a mile distant from each other. When purchasing the arsenic, she stated it was for the purpose of killing rats. No person prepared Mrs. Green's drinks but Nancy and Mrs. Bazley; and none attended to the cooking and housekeeping of Mr. Forest's family but Nancy alone.

The discovery of the cause of death led to the belief that the first dose of poison given to Mrs. Green was a large one; but the patient partially recovering from its effects, subsequent doses were administered

more guardedly, in small quantities, frequently repeated. Circumstances favored the opinion that the ice-water, which had been directed by the physicians, was impregnated with arsenic, and given frequently to the patient, thus keeping up a slow but constant irritation and inflammation, until death relieved the sufferer from her agony. In the cases of Mrs. Forest and her children, less caution or less knowledge in the administration of the poison seems to have been displayed. Either the weakness of the already enfeebled mother and the age of the children were not taken into consideration, or the deadly drug was given with a bolder and more daring hand.

At the *post mortem* examination of James, Nancy stood by, watching the examination with great interest. She heard the physician state the child had died from arsenic, and ask the father whether he had any about the house to destroy rats, without betraying any unusual emotion. When the suspicion of arsenic, however, was fully aroused, her manner became somewhat excited, and she was observed, when two persons would converse together, to draw close to them and listen to their remarks. After the examination, Mr. Forest remarked to her that it was hard to think the children had all been poisoned, and that she "would have to bear the blame." She answered, "I did not do it." He then told her she had heard the doctor say the child had taken arsenic, and she answered, "I do not know what arsenic is."

That night she was found by Mr. Forest sitting by the fire in the room with the corpse, in an apparent study. She had a string, which she wrapt upon her fingers, then unwrapt it, put it in her mouth, broke it, and again wrapped it upon her fingers. This she continued to do for some time, there being several persons present in the room. The next night a label of a drug-store, at which she had, some three weeks previously, purchased arsenic, was found upon the steps leading to her room. She steadily denied any participation in the deaths of the victims, and made no effort to escape before her arrest. When arrested, she began to confess all, but was advised to keep her secrets to herself and acknowledge nothing.

Nancy was indicted for the murder of James Wesley Forest, the last of the victims, brought to trial before the Court of Common Pleas for Hamilton County, on the 18th February, 1852, where the above facts were given in testimony. The examination and arguments occupied nine days, and the jury having deliberated sixty-three hours, returned a verdict of "guilty." A motion for a new trial was overruled, and the prisoner sentenced to be executed on the 25th day of June, 1852. The case was taken up on error to the Supreme Court of Ohio, the verdict set aside, and a new trial granted.

The prisoner remained in the County Jail until the 7th of December, 1854, when she was brought before the Probate Court (Judge J. B. Warren) and a jury of twelve men, under an inquest of lunacy. R. B. Hays, Esq., appeared as counsel for the prisoner, and A. J. Pruden, Esq., for the State.

The poisoning of Mrs. Green by Nancy and Mrs. Bazley, and that of the Forest family by Nancy alone, were admitted, and some of the circumstances claimed as evidence of her insanity. In addition to these circumstances, her parentage, education, personal appearance, general character, together with the opinions of medical and non-medical witnesses, were adduced.

The circumstances attending the poisoning which favor her insanity have, of course, been noticed. Her history will require further comment.

Nancy Farrer was born in Fannington, Lancashire, England, in July, 1832. About the 10th year of her age, her father, with another child, a son younger than Nancy, emigrated to America. She and her mother followed two years later. Her mother had been a Mormon for six or seven years previous to leaving England. Nancy is said also to have given in her adherence to Mormonism before she left her native land. Her father joined the same faith after his arrival in Cincinnati. The family appears to have subsequently resided in Nauvoo two years, no doubt observing the practices and ceremonies of the religion which they had adopted.

The mother of Nancy was proven a religious monomaniac. She conceived herself a prophetess; imagined that she was the wife of our Saviour, and the mother of all the living; claimed that she saw every event transpiring in the world, and indulged in the wildest visions and most extravagant hallucinations upon religious subjects. Mrs. Farrer was, perhaps, a monomaniac previous to the time she became a Mormon; but whether she had any hereditary predisposition to insanity, or whether monomania manifested itself before the birth of Nancy, is not known. That she is now insane, however, is beyond all doubt. Mr. Farrer was a shoemaker, and possessed the ordinary intelligence for one in his sphere of life, but, probably from the whims and vagaries of his wife, contracted habits of intemperance, and finally died from the effects of drunkenness, in the Commercial Hospital of Cincinnati, in 1847. Previous to his death, he had once threatened self-destruction, by running into the Ohio river; and, upon another occasion, actually attempted suicide by cutting his throat. He was thought to be laboring under *delirium tremens* at these times, having had several attacks of *mania a potu* before his death.

So much for Nancy's parentage. From the character of her parents, her moral culture can be readily imagined. From a monomaniac mother, under whose exclusive guardianship she was left during the two years intervening between her father's emigration from England and that of her own, she could not reasonably be expected to derive any extraordinary amount of moral education. Nor could the example of a drunken father, after she came again under his care, add much to what she might have received from maternal teachings and precepts. Perhaps she received more moral instruction during her residence among the Mormons of Nauvoo than from either of her parents. If Mormonism teaches that it is contrary to the laws of God to steal or take human life, she must have reached a degree of moral elevation that would have enabled her to understand the nature and enormity of the crime with which she was charged, unless her intellectual organization disqualified her for a full and proper appreciation of the responsibility of the act.

Of Nancy's literary acquirements we know nothing, except that she went to school and learned to read. She seemed to derive pleasure from her hymn-book, and satisfaction and enjoyment from the perusal of newspapers and other light literature. It appears from the receipt of the copy of the indictment served upon her, that she cannot write, as she made her mark to it instead of attaching her signature.

In person she is very unprepossessing. Her forehead is narrow, but not remarkably low, although the hair extends downwards over it. The nose is flat, with a slight indentation or fissure running up its center. The lips are rather thick, and the mouth, when not engaged in conversation or otherwise employed, is half open. The face is square, and the eyes widely separated, measuring two and three-eighths inches between the inner canthes. Her body and limbs appear to be well formed. Her head seems to be proportionate to the size of the body, and, with the exception of a slightly narrow forehead, presents, to my mind, no particular malformation. A distinguished physician of Philadelphia, however—a man of sound medical judgment, of enlarged experience, and of unquestionable abilities—thinks there is a "marked deficiency of the anterior portion" of the brain, that, "from the extraordinary position of the eyes, the space allowed to this part of the brain is greatly encroached upon." "In this case," he says again, "I do not find much development of the propensity to destroy." Now, the history of the poisoning, aside from phrenology, would seem to justify the opinion that she possessed the "propensity to destroy" in an eminent degree, whether that propensity was developed or not. Another wit-

ness, testifying from a physiological and phrenological examination, thought that she was a woman of "strong motives to act." If she had strong motives to the commission of these murders, the State failed to prove them. Indeed, the absence of any adequate motive was one argument relied upon by her counsel to establish her insanity. This witness also thought she had no "cunning," and very "little power to conceal." He made a difference, however, between "cunning" and "diplomacy," and between concealing and "withholding information." The inference was that diplomacy guided her in the purchase and administration of the arsenic, and the faculty of "withholding information" enabled her not only to conceal her own agency but also that of Mrs. Bazley. The latter was indicted jointly with Nancy for the murder of Mrs. Green, but was acquitted upon trial because Nancy refused, under oath as a witness, to answer any questions or furnish any testimony that would criminate her. She stated, subsequently, that she had been instructed by Mrs. Bazley not to implicate her, as it would only expose Nancy's own participation in the matter. She regretted, however, that she had by her silence and evasions exculpated Mrs. Bazley, as she (Mrs. Bazley) had promised to visit her (Nancy) at the jail, when she would be acquitted, which promise she failed to perform.

In my opinion, the deformity of Nancy is in her face, and here it exists in a very remarkable degree. Besides the formation of the features, the eye is unsteady, the look stupid, the whole expression dull, insipid, and almost void. There is a peculiar twitching of the muscles of the mouth and cheeks in conversation; and her laughter is accompanied or followed by grimaces. As the most faithful description of an individual will not enable a stranger to recognize him with infallible certainty, so any written description of Nancy will convey but an imperfect idea of her physiognomy. The association of the singular expression of countenance with the peculiar formation of features forms a picture which can be accurately impressed upon the mind only by observation. The picture is repugnant, but not revolting,—very remarkable in its characteristics, and yet exceedingly difficult of correct description. Either a feeble or an exaggerated outline could readily be drawn; but for a just appreciation it must be seen and studied. When first seen it presents the appearance of a low degree of imbecility, if not actual idiocy. And this impression is rather strengthened by the timidity and confusion with which she meets your first approach. And though it may be weakened by a lengthy conversation, it still returns, with more or less force, at the beginning of a subsequent interview. In all her interviews, except with intimate acquaintances, she exhibits an

embarrassment, not dissimilar to that manifested by children in the presence of strangers, or by timid persons generally in the presence of those superior to them in social position.

During the trial upon her insanity, Nancy maintained a silly expression of countenance, the utmost composure, and apparently the most perfect indifference to the proceedings. She sat playing with her fingers or biting her nails during the whole progress of the case, her attention being directed from the jury, the testimony, or the attorneys, on the least noise in any part of the court-room. And yet she noticed particularly all that was transpiring, and could subsequently converse with witnesses upon their statements, ask them for explanations of portions of their testimony, and point out what she considered the inaccuracies of the evidence.

To her disfigurement she was entirely reconciled, any allusion to it never annoying her. In dress she was said to be rather slovenly. She sought the company of children, to whom she was very kind, and seldom associated with persons of her own age. Her conversational powers were limited. She answered interrogations directly, but in short sentences, asked few questions, and seldom commenced a conversation. Such was the testimony upon the trial; but I have since found that it is true only in regard to strangers. On acquaintance, she commences and carries on conversations freely and with little, if any, embarrassment. Nor is she less inquisitive than most persons in her sphere of life. And whatever may have been her former habits, she is not now slovenly either in dress or in the performance of domestic duties. In fact, it was in evidence that she performed household duties with great care, cleanliness, and precision. She was susceptible of emotions, and easily influenced by others, becoming gay and lively, or serious and grave, according to the feelings manifested by the person engaged with her in conversation.

Her general character had always been that of a mild, kind, and affectionate girl—a careful, obedient, and faithful servant. During the poisoning of these five persons, a period of four months, her deportment furnished no grounds of suspicion; her disposition seemed to undergo no change; her manner excited attention only for its apparent fondness for those around her. To Mrs. Green she was apparently kind throughout. So attentive was she to this unsuspecting victim of a demoniacal conspiracy, that she won and retained her confidence to the last, and the sufferer finally expired in the arms—apparently in the affectionate embrace—of the insane or the malicious destroyer. To Mrs. Forest she betrayed no malice, except a slight, angry excitement for having to

do a part of her house-work over. Her conduct, other than this, was in accordance with her general character. During the sickness of the children, according to their father's testimony, "no mother could have shown more kindness (to them) than she did." Indeed, so very affectionate was she, that her attentions were frequently spoken of by the neighbors. For the death of Johnny she appeared very sorry; and on one occasion, while indulging her sorrow, a neighbor told her not to grieve, that she had done her duty towards the child. To this Mr. Forest gave his assent, saying, "Yes, she has done her duty." While James was ill she waited upon him with the greatest real or affected care and solicitude. She appeared, however, more excited when he died than when the others expired.

Of the non-medical witnesses whose testimony favored her insanity, one thought that she was of "a soft turn, and could easily be persuaded in any kind of way;" another did not "regard her as sensible as other girls;" another "always thought there was something lacking about her, she seemed so silly, soft;" another "never thought her quite sensible,"—that she had "a small touch of her mother's complaint;" another "never thought she was right," and had "heard her spoken of, years back, as a simple girl;" and another believed her "simple," and "used to ask her mother if she was wise." Besides the six witnesses referred to above, the jailor, who had charge of her for two years, considered her of "a weak and imbecile mind," but believed that she "knew it was wrong to take human life." The Judge of the Criminal Court of Hamilton County regarded her as "weak-minded, but not exactly an imbecile," and "thought she was not such a responsible being as to be a proper subject for punishment." Her attorney, from his frequent interviews with her since the poisoning, was fully convinced of her imbecility. He found her easily impressible by a superior will, and unable at any time to give an accurate history of herself, or furnish him with any information that would be of the least service to her on trial.

Of six medical witnesses whose testimony favored her insanity, three were reputable members of the regular profession, two were *eclectics*, and one a regularly educated physician, who has written a work in connection with an *eclectic*. The last, and one of the *eclectic* physicians testified from physiological and phrenological examinations. And each of these witnesses gave his evidence upon a single interview and conversation with the prisoner. Of the three regular physicians, one would not regard her "as low in the scale of imbecility if she escaped observation;" another thought "she was of a low grade of intellect," and that an "insane impulse" led her to the commission of the mur-

ders; the third believed "she would not pass muster with half the inmates of lunatic asylums in France and England." The two *eclectics* regarded her as an imbecile; and the other physician thought she was "partially both imbecile and idiotic," though he could only tell her impulses, disposition, &c., by the head, and not her insanity.

Eight non-medical witnesses who had been neighbors of Nancy, and who were acquainted with her before and during the period of the poisoning, did not believe her insane. Two of these had never entertained a doubt of her sanity; a third testified that she had never been treated as an imbecile by the neighbors; a fourth "always thought she had sense enough;" a fifth "noticed nothing weak-minded;" a sixth said she "appeared to have right sense;" a seventh did not think her insane, though her personal appearance was against her; the eighth first thought she was not of sound mind, but, after becoming acquainted with her, this impression was entirely removed. Besides these, the present jailor, who had been acquainted with her for two years, and had charge of her for two months, first thought her idiotic, but this opinion entirely changed on acquaintance with her. He testified that she "appeared as sensible as any person in the jail, and had a full knowledge of the responsibility of committing murder."

Six regular physicians testified, in substance, that upon first sight their impression was that she was an imbecile or idiot, but that this impression had been removed on subsequent conversation and acquaintance. One thought her sane; another had heard nothing in the testimony "that would lead him to think her insane;" another did not think her intellect lower than most persons in her station; another found that she possessed more intellect than at first appeared; another first believed her idiotic, but subsequent observation satisfied him that she was not; another regarded her, from appearance, as an imbecile, but was convinced afterwards, upon acquaintance, that though her intellect was of low grade, it would not come under that of imbecility,—that she had a full consciousness of right and wrong. Three of these physicians had been connected with the treatment of one or more of the victims; one had made the *post mortem* examinations, and had several conversations with the prisoner; one had visited her on two occasions, with the particular view of ascertaining her mental condition; one had her under his daily observation for more than a year; and all had infinitely better opportunities for ascertaining her intellectual development and mental soundness than the physicians who testified in favor of her insanity.

The jury deliberated eighteen hours, and returned a verdict finding "Nancy Farrer to be of unsound mind."

There is one remarkable fact in the testimony relating to her sanity or insanity. The first impression was the same in most of the witnesses. Almost without exception, every witness had formed an opinion, on the first interview with Nancy, that she was an imbecile or an idiot. But most of the witnesses who subsequently cultivated an acquaintance, or continued their interviews with her, had been forced to change this opinion.

To the medical jurist, this case certainly presents some points of interest. If Nancy Farrer is of "unsound mind," to what class of mental unsoundness does she belong? Is she an idiot, an imbecile, a monomaniac, or a maniac? Was she laboring under moral insanity, as described in the books, or was she the subject of homicidal monomania? If she is unquestionably and incurably insane, the verdict is not only just, but also affords protection to society, as her future home must then be a lunatic asylum. But if she is not insane, the community has much at stake. A verdict of insanity does not necessarily imply imprisonment for life. Under our laws, she may at any time be discharged upon the certificate of the attending physician that she has recovered the use of her reason, or that it is no longer necessary to confine her. And even without such certificate she may be set at liberty under a writ of *habeas corpus*, unless it be proven that she is still of unsound mind at the time of the application. Under the verdict, then, she may yet be released from the imprisonment of an asylum, and reinstated as a member of society. If her acts were the result of insanity, no injurious effects would probably follow this, as in that case she would have recovered. But if they were not insane acts, the lives of innocent individuals might again be jeopardized. Society, then, has a deep interest in the justice or injustice of the verdict.

There is certainly much in favor of her insanity. Her parentage, her personal appearance, her low degree of intellect, her education, her moral culture, her naturally amiable disposition, her previous good character, and some of the circumstances attending the poisoning, all tend, in some measure, to point to a mind so low in the scale of intelligence as to approximate to, if not to actually establish irresponsibility. But, on the other hand, there is a shrewdness and cunning in the execution of her designs, and the concealment of her agency, that are difficult to reconcile with an insane, and particularly with an imbecile mind.

Although there was a motive for the murder of Mrs. Green, there was none shown for that of the others. Yet it is possible that a motive, even stronger than the other, might have existed, although it has not come to light. In cases of homicide from insanity, there is generally a motive, though often a weak, and sometimes even an imaginary one.

Her uniform kindness and attention to the victims would appear to contradict the idea of malice. Yet such conduct would not be inconsistent with a sane mind. Might not a person of sound mind, who, from secret motive, had deliberately planned a series of murders upon persons against whom he had no individual ill will, continue, if not increase the appearance of kindness, to escape suspicion? On the other hand, do not the insane, susceptible of emotions as Nancy was, generally manifest a degree of hatred proportionate to the violence of the assault, however much they may have previously loved the victim? Do they, while perpetrating murder, exhibit their previous friendship, or does that friendship assume the form of enmity? If they enter upon the horrid crime of murder in such a manner as to require considerable time to elapse between the beginning and end of the tragedy, would they not exhibit some variation from their usual kindness, unless they had sufficient consciousness to continue it for the purpose of concealment? Nancy's kindness was so remarkable as to attract the attention of the neighbors. This might happen in the case of a sane but wicked mind, whose depravity might lead one to the murder of harmless and innocent little children.

Her frequent conversations and her prediction of the death of others would not be indicative of strong intellect. Very little reason would have revealed the folly and danger of such a course. And yet, how few there are who can conceal within their own bosoms so great a secret? It would almost seem to be a decree of Heaven that the horrid crime of murder should be exposed, and often by the very means resorted to for its concealment. Some of the shrewdest and most intelligent assassins, whose awful secret was confined to their own breasts and to their God, have not been able to conceal their guilt from human tribunals, and have been the unconscious instruments of their own exposure and condemnation. Blood, as pictured in Scottish tragedy by the great dramatic bard, will haunt the murderer, and even in the dead stillness of midnight, when nature is in repose, trumpet to the world by the very lips of the sleeping assassin the charge of guilt. It will be recollected that, before the first of these conversations was held, one innocent woman had received her death at Nancy's hands, and another had partaken of a dose of the fatal drug. In this first conversation she did not positively threaten; she "*thought* she would fix her," but concealed the fact that she had already entered upon the execution of her fearful design. To throw out absolute threats might betray her, but to conceal the nature of the act already commenced, and simply drop an unguarded word upon the subject most prominent in her mind, was no more than often happens with the most hardened criminals and the

strongest minds. In two other conversations which occurred before Mrs. Forest's death, she compared the sickness of the patient to that of Mrs. Green. There was no insanity in this. Mrs. Green had survived the first dose of arsenic two months, had received the attendance of two physicians and the consulting advice of a third, and had gone to her grave without the least suspicion of Nancy's agency in her death. Could she now impress the friends of Mrs. Forest with the belief that her disease was the same as that of Mrs. Green, she might await the result without any uneasiness of her own safety. Before her next conversation Mrs. Forest and her youngest child were added to the list of her victims. While making the shroud for the latter, she and the former servant girl had the first conversation about the deaths. She might, not unreasonably, now think herself secure. At least three persons had died through her instrumentality, and, so far as she knew, no suspicion of her guilt was harbored in the mind of any one.

It is certainly difficult to reconcile the subsequent conversations, in which she predicted the death of the remaining members of the Forest family, with sound intellect. They were not commenced by her, and the allusion to the deaths of those whom she had nursed, by others, might well have induced her to ponder upon her danger and halt in her career of destruction, had she possessed the most ordinary degree of intelligence. But it did not. She had formed a dreadful plot; a part had been executed, but still a portion remained unfinished. And with a blindness no less common among persons steeped in crime and hardened in vice than among monomaniacs bent upon a certain object, she determined to complete her work. In one of these conversations she predicted the death of James only, without giving any reasons; in the other, she not only predicted the death of the whole family, but stated the order in which they would die, and named consumption as the disease which would carry them to their graves. To attribute the predicted death of the children to a hereditary disease, by one who would overlook the manner in which phthisis terminates life, might not be inconsistent with sanity. That a person should even think this disease could be communicated by the wife to the husband, would not establish unsoundness of mind. I have met with persons who were fully convinced that they had contracted consumption from their partners in life, and have been consulted by others as to the probability of such an event. Whether the reason assigned for the fulfillment of her prophecy was such as might have been given by a sane person or not, it was undoubtedly evidence of a fixed determination on her part to conceal her own agency in the tragedy. These predictions are certainly the strongest evidences of insanity in the whole history of the

case ; and unless they might reasonably be expected to proceed, unconsciously, from a mind intensely absorbed in the contemplation of an intricate and horrid plot, they would go far to justify the verdict of the jury.

That she should make a pair of drawers and have a shirt washed before the death of James, to "lay out" the body in, is not surprising, when she knew the neighbors considered him dying of the same disease that carried off his mother and brother. Neither was it wonderful that she should grieve after their death. Remorse often rises and smites the guilty in the midst of crime, although it may not arrest the progress of their wickedness. The remark that the consulting physician in Mrs. Green's case was the best to have in that of James, betrayed no weakness of mind, in my opinion, as she had remained as free from suspicion after his visit as before. And the scene at the fireside, after she had been detected, might well have been presented by one accused of her fearful deeds, and who was so overpowered at the exposure as to be at a loss how to escape the difficulty in which she found herself.

Through the progress of the poisoning there is consciousness, design, cunning, concealment. The purchase of the arsenic under false pretences, and the subsequent denial of any knowledge of such an agent ; the care observed in preventing the use of the poisoned articles by others than those for whom they were designed ; the comparing of Mrs. Forest's sickness with that which in the case of Mrs. Green had excited no suspicion ; her contradictory statements, when interrogated by different parties, as to the cause and nature of the disease in some of the sufferers ; the apparent attempt to reconcile the symptoms of some of the patients with natural causes ; the studious concealment of her agency in all the conversations, except the secret one with Mrs. Bazley, and the careless one with the former servant girl ; the excitement and anxiety manifested after the discovery of arsenic in the stomachs of the diseased, and her suspected participation in their deaths ; the refusal, at the trial of Mrs. Bazley, to furnish any evidence that would implicate her in the murder of Mrs. Green, are indicative of a degree of intelligence that argues deliberation, determination, care, circumspection, consciousness of danger and knowledge of wrong. But does the manifestation of these qualities contradict the verdict of insanity ? The future development of undoubted insanity would throw little more light upon her case, as she is probably predisposed to the disease, and such an event might not unreasonably be expected. Is she now, or was she at the time these harmless women and children were sent to untimely graves, *insano* ? To determine this, an acquaintance with Nancy, a knowledge of her history and life, are all that is neces-

sary. With this acquaintance and knowledge, as furnished upon the trial, was Nancy Farrer, at the time of committing this outrage upon human life, an imbecile or a monomaniac? Was she laboring under moral mania or homicidal insanity? To what particular form, if any, of mental infirmity or disease did her case belong?

Note.—Since the above was written, Nancy Farrer has been under the care and daily observation of the writer for eight months. During that time she has been remarkable for cheerfulness, amiability, neatness and industry. She has proved herself cleanly in her person and habits; attentive to all her duties; faithful to every trust reposed in her; respectful to those under whose charge she has been placed; sympathizing in her feelings toward her unfortunate associates; obliging and kind, yet firm and resolute, to those she has been required to watch over. Blended with these traits in her character, appear to be those of sincerity, candor, frankness, and truth. She is grateful for kindness toward her; sensitive, with judgment to control her emotions; affectionate, without that familiarity and obtrusiveness that often characterize a weak mind. How, or in what manner, a life in society under other circumstances and other influences would affect these traits in her character, can only be a matter of conjecture. She has evidently desired the respect of those around her, and designedly studied to deserve it.

During the eight months she has been under the writer's observation, the closest scrutiny has been unable to detect the least evidence of mental weakness,—of intellectual or moral impairment. So far from being simple or imbecile, she has displayed an intelligence above the mediocrity of uneducated girls. Her mind has certainly been sound during that period; and yet it is difficult to reconcile the poisoning of so many innocent and harmless persons with her amiable, kind-hearted, and affectionate disposition, without supposing the presence, at the time, of an irrational motive or insane impulse. That she *now* has a full knowledge of the heinousness of murder, and a proper consciousness of the punishment due it, both in this life and the next, with the intellectual power of controlling all her actions, the writer cannot entertain a doubt.—*Western Lancet.*

ARTICLE III.

INSANITY IN RELATION TO CRIMES.*

The legal relations of crime and disease continue to engage the earnest attention of men distinguished in jurisprudence and medicine. The common law of England, which, on this subject, is elementally the law of most of the States of our Union, has been gradually attuned, by the influence of advancing science, and by a readier deference to the judgment of experts, to a more genial conformity with the requirements of ripening civilization. What the common law lacks, from apparent want of plasticity, to meet the actual or presumed necessities of the subject, is in a measure supplied by statutory provisions, by the decisions of judges warping the law to particular cases, or by, what is practically more efficacious, the verdicts of juries.

Still, it is a grave question both in England and in this country, whether the existing state of the law respecting mental unsoundness in connection with acts ordinarily criminal, is as satisfactory as an enlightened and discriminative legislation can make it. As an expressive evidence of the interest manifested in this matter abroad, it may be observed, that the essay of Dr. Bucknill, the title of which we have given as partly suggestive of this article, is the offspring of a prize instituted by no less a personage than a late Lord High Chancellor of England (formerly eminent as Sir Edward Sugden), for the best essay on "Insanity, its Responsibility and its Negation, and the Relation between the two."

These topics are treated by the essayist with boldness, and, so far as regards the legal relations of insanity, in a conservative spirit that must almost satisfy a lawyer; which is saying a good deal, when we bear in mind the alleged tendency of the medical profession to refine away the

* 1. "Unsoundness of Mind in Relation to Criminal Acts;" an Essay, to which the first Sugden Prize was this year awarded by the King and Queen's College of Physicians in Ireland; by John Charles Bucknill, M. D., London, &c., &c., and Physician to the Devon County Lunatic Asylum. London, Samuel Highly, 32 Fleet Street. 1854.

2. "A Treatise on Medical Jurisprudence," by Francis Wharton and Moreton Stillé, M. D. Philadelphia: Kay & Brother. 1855.

legal principles which have so long been maintained, with more or less strictness, as the standard of the relations between crime and disease.

The "Treatise on Medical Jurisprudence," by Mr. Wharton and Dr. Stillé, is a work of no ordinary merit, particularly in those parts devoted to the discussion of the purely legal relations of insanity. It is not more meritorious for the research and comprehensiveness which it displays, than for its order and arrangement, and the excellence of its analytical table. Its singular feature is the association of a jurisprudent and a physician to produce a work designed to be of equal authority to two professions which are not apt to concur in their opinions on mixed questions, for reasons which we shall presently suggest.

Law, being a *general* rule of action, is, of necessity, not plastic enough to be moulded to all possible circumstances and conditions. In this respect it falls short of equity jurisprudence; which, in its turn, however, does not reach questions of felony or other high crimes. Neither does law profess to be ethical, but leaves ethics to conscience and to God. It cuts a rigorous, inflexible, and sharp line, on either side of which the points most adjacent, although sundered, are so contiguous as to be often confounded. In truth, it sometimes, from its spirit of generalization, severs justice and right in the very middle. As Dr. Bucknill expresses it, "It is a Rubicon, on one side of which Caesar is a servant of the state; on the other, a traitor and a rebel." Some venerable legal maxims betray this characteristic with great force. Thus, "Ignorance of the law excuses no man;" yet much of the knowledge of it is professional, and demands the devotion of a lifetime; and therefore it would seem that some degrees of ignorance should be excusable. So, "If one knows the difference between right and wrong, he is responsible for the wrong;" yet, with all his *knowledge*, he may physically or mentally lack the *power* of shunning the wrong or doing the right; and therefore to the eye of God appear inculpable, although no human eye can detect the weakness which is his real apology, and is morally his defence.

In a rough way, however, and for the common purposes of civil government, such comprehensive and absolute maxims are true and useful. They cover the great mass of realities submitted to human arbitrament, although they fail of precise adaptability to possible, and even frequent, chances. At the best, mankind can be governed and restrained only in a rough way, by any human codes; as they can be treated for diseases only in a rough way by medicinal skill. Yet time, experience, and circumstances, have effected substantial modifications in various branches of the law, as well as of medical practice; and,

doubtless, other branches of both will undergo similar modifications, as exigencies demand. Lord Mansfield was a great judge; and his greatness consisted mainly in the bold perspicacity that enabled him to adapt the common law to the altered circumstances of society, without impairing its foundations, or the force of its legitimate precedents. Under his decisions, commercial law, for instance, assumed a practical applicability to the new demands of commerce and trade, by a simple expansion and development of established principles, without any violent deflection from their true spirit and intent. An enlightened and bold mind will educe from the common law a conformity to the shifting phases of life and business, which a narrow and weak one will never discover or apply. Its great merit is that every well-established principle and fact of science and art becomes a part of it, as much as Christianity and the almanac, which have been decided to be so.

The criminal law of England always owed much of its severity, as well as of its confusion of offences and penalties, to parliamentary acts. Generally, the real spirit of the common law was less harsh and more uniform. The statutes made capital crimes out of many acts comparatively trivial, and visited them with punishments as severe as any inflicted by the common law of the land on the most flagrant violations of human rights. Thus, minor offences, of the grade of misdemeanors by the common law, were magnified by the statutes into grave felonies that involved transportation for life, or hanging, as their penalty. A forgery became as heinous as a murder; a violation of property, as a violation of the person or the life. No worse punishment could be inflicted on the most reckless homicide than was the doom of Dr. Dodd for counterfeiting the signature of Lord Chesterfield to a bond; "a crime," according to Dr. Johnson, which, "morally or religiously considered, has no very deep dye of turpitude. It corrupted no man's principles; it attacked no man's life. It involved only a temporary and reparable injury." And yet it incurred, by the statutes, the penalty reserved by the common law for the most deliberate and cruel murder.

Of lunatics and idiots the common law of England was always considerate. It discriminated, according to its lights, respecting the responsibility of alleged criminals for their acts; and although, in compliance with its imperturbable maxim, it "allowed ignorance of the law to excuse no man," it did excuse every man who wanted the knowledge of right and wrong, by reason of congenital defects, or of disease, impairing his faculties. Common-law principles were humane in their spirit, but they were not always well defined; and they were sometimes, as they are still, misapplied or perverted. It is a part of the purpose of Dr. Bucknill's essay to show that, even at this day, the English courts

are clouded by obscure and conflicting definitions of the law regarding insanity, as laid down by the highest authorities; and to suggest modifications of it with respect to forms of proceeding, to judicial discretion, and to the modes of restraint and correction.

"Stand on decisions," is the maxim of the judge, which implies a tendency to generalize, and reduce cases to a common standard: "Test each case by its symptoms," is the maxim of the physician, which implies a tendency to individualize, and decide every case on its own peculiarities. That such diverse tendencies should produce a clashing between the professions is not singular; and when the doctors of law and the doctors of medicine criticise each other's definitions, judgments, and conclusions, on points involving the particular skill and knowledge of each, the difference in their intellectual training and their professional bent should always be allowed for.

Besides, what the law *is*, and what the law *ought to be*, are obviously very different questions; the one, peculiarly within the province of legal experts, and the other, an open question for experts and inexperts of all professions.

Much of the difficulty in applying and modifying legal principles to cases of alleged crime, when unsoundness of mind is pleaded, arises from the obstinate fact that human laws can only take cognizance of acts, and of motives as developed by acts: they cannot rise to the subtleties of ethics or casuistry. But the Divine law takes cognizance of *motives* as well as of acts, and judges with equal severity of both. Whether, in human judgment, a man deserves reward or punishment, is always a mixed question: it respects both the intent and the deed. A human tribunal, on account of its infirmity, can no further judge of the intent than by inference from the deed, and from other external circumstances that illustrate the intent. The Divine tribunal, on the other hand, needs no overt act to betray a purpose: the purpose itself is no sooner conceived than it is known to the Omniscient eye. Hence, Divine justice can never be reproached with error; while error is the constant reproach of human tribunals. To quote Dr. Bucknill, "They do the best they can with imperfect knowledge, and look to *general good results*, rather than to an *unattainable exactness*."

Legally, lunacy, and unsoundness of mind, are equivalent or convertible terms. Unsoundness (insanity) is a term that covers every phase of mental infirmity, caused by disease, from a flaw to a perfect wreck. In the criminal aspect, lunacy is not simply what it was once, and is even now popularly regarded to be—madness, fury, violence—whether continual or interrupted by lucid intervals or remissions: it is *every defect* of the mental faculties produced by *disease*. Idiocy is wholly

irresponsible in this country as well as in England ; but unsoundness of mind, under the constructions of *our* courts, is not a *complete* shield. It covers only the acts committed under the particular shadow of the mind ; while all committed within the circle of its light are regarded as more or less culpable.

Sanity, however, is always legally presumed : it is the normal state of the mind ; and insanity must be proved as a state of *disease*, or the *result of it*. Moral insanity, as commonly understood and defined, does not fall within the precedents of the common law, and is not provided for by statute, unless it be under the general term, "insanity." It may be as palpable to the eye of Omniscience, and, possibly, to the scrutiny of an expert (*expers expertissimus*, he must be), as many forms of physical disease ; but to legal tribunals it is shadowy and intangible : its very name of "moral insanity" seems to deprive it of legal recognition as a disease within the compass of exact definition and discrimination ; and it is even doubtful whether it be a *disease* ; and, therefore, if tolerated as a plea of irresponsibility, it would, like charity, cover the *multitude* of sins. Almost any man may satisfy his mind, if not his conscience,—a sane man, perhaps, the most readily,—that he has been surprised into a crime by some strange and irresistible impulse, some demoniacal instigation, some fatal propensity, or some unaccountable frenzy, that he could not master for its suddenness and its force. Such casualties may be, and doubtless are ; but God only can judge of them. Human laws cannot : their nicest refinements are too gross for such subtleties. Besides, much of moral insanity, in the popular understanding of the term, is the want of discipline, and of habitual self-control ; and nature, uneducated and unchecked, is, or very soon becomes, the spirit of Cain—a *propensity* to something wrong,—to theft, to perjury, to homicide. If such impulses, instigations, propensities, or frenzies are permitted to shield offence against punishment, St. Giles's and the Five Points might surfeit the criminal courts with pleas of that character, the result, not of *disease*, but of *habit* not absolutely uncontrollable—of such defective discipline, and of such voluntary indulgence in vicious courses, as have deadened the moral sense, and confounded the appreciation, without obliterating the knowledge, of right and wrong, much less the power of choosing between them.

Here the lawyer and the physician come to a controversy, chiefly in consequence of the different tests which they are severally trained to apply. To those who are indifferent between the two, it may seem that the courts might as well be expected to hear and determine cases of casuistry, on the testimony of expert divines, as cases of moral insanity, on the testimony of medical experts. Both are worthy of

competent tribunals, and both have ultimately the same most competent tribunal; and, happily for human infirmities, *God* is its *Judge*.

Insanity, in the contemplation of the law, is a *disease of the brain*; at all events, a *disease*: and this fact of *disease*, or the *result of disease*, is the *legal* touchstone of its validity as a defence against allegations of crime. None other can be safely or wisely allowed. Unless moral insanity, so called, can be satisfactorily proved to be a *disease*, or the *result of disease*, it is no legal shield against punishment, no mark of irresponsibility. As a mere plea, founded on subtleties, whether legal, medical, or psychological, and unsustained by proof of actual disease, it is not regarded by the law as of any moment whatever.

It is not to be disguised that, for some cause, *insanity* and *alibis* are the favorite defences in most cases of crime involving severity of punishment. Of the two, insanity is nowadays the more common. The *alibi* is somewhat musty and tattered, and only resorted to when either the actual truth, or determined perjury, will sustain it. Insanity (which may be regarded as an *alibi* of the mind) is treated, from humane motives, and most justly, with great consideration; and it is worth a reflection whether the presumed disposition of medical experts to spread its charitable mantle over idiocrasies, peculiarities, and defects which do not, in any ordinary legal sense, constitute lunacy, is not likely, in the long run, wholly to disarm the unfortunate of their panoply, or at least to make it so penetrable to the shafts of ridicule as to be an uncertain defence.

Taking the common and the statute law, the often conflicting constructions put upon them by the courts, and the opinions of medical experts, together, there seems to be such a discordance and uncertainty as naturally to suggest the necessity of some legislative attempt to place the whole subject on a better footing. The man who, possessing a conservative spirit, and a mind reflecting truly the light both of law, of medicine, and of psychology, would frame a suitable code to define and establish the legal relations between unsoundness of mind and those acts, otherwise criminal, which spring from it, would not only be no common benefactor, but he would be much more than a common man. He should obviously be either expert himself, or in a position to command the expertness of others, both in law and medicine; and he should be free of the partisan taint of either profession. He would probably be forced to concede that *moral insanity*, until satisfactorily established as a disease, is too shadowy and undefinable to be dealt with by human legislation, and by the ordinary tribunals, in regard to its criminal aspects; and "that its nature," in Dr. Bucknill's phrase, "is not thoroughly understood;" often difficult to distinguish (where it

really differs) from mere perversion of the mind and affections caused by circumstances and habits that do not entitle it to complete exemption from legal responsibility. He would reflect, also, that society claims protection, as well as its imbecile and unsound members, and often against them; and that the criminal code, as the chief part of its protection, should not be effeminated by a too diluted humanity or by too nice refinements. It must practically adjudicate particular cases by general rules, predicated upon the usual and ordinary modes and motives of human action; while to judge specially of each case by its peculiar symptoms and circumstances pertains to medicine, as respects bodily and mental disease, and to casuistry, as respects conscience. Yet medicine has its rough and general ways as well as law; for, according to Dr. Bucknill, "the drug and the dose are suited to the requirements of the patient [only] *as closely as medical knowledge can ascertain*; it is probable, however, that *too much or too little* is constantly given." In effect, then, the law seems to have this advantage; that if the dose prescribed by the *legal* dispensatory is too powerful for the disease, the humanity of juries, predominating over the strictness of their oaths, shapes the verdict so that the dose shall either not be administered at all, or shall be administered with suitable modifications. This is particularly the case with capital crimes.*

But, whatever refinements and adaptations the law may need or be capable of, it is certain that its true *intent* is the common intent of humanity—to allow to unsoundness of mind a perfect exemption from responsibility for all acts which fall within the shadow of that unsoundness, or are the natural offspring of it. The duty of the courts is to fulfill that intent; to confine juries to it; and, within the limits of their power and discretion, so to construe the law as that its humane purpose shall be effective. In the last particular they are, perhaps, somewhat straitened by precedents and judicial constructions, as well as by the obscurity of the subject. Such is Dr. Bucknill's opinion respecting the English tribunals, and such is probably the fact as to ours. The obvious benignity of our statutes, as well as of the common law, is somewhat chilled by glosses and constructions imbued with the spirit of the maxim "*stare decisis*," of reverence for the antique and perverted expositions of the English law, and of jealousy respecting legislative interference with judicially established principles.

* In the State of New York, the statute defining *murder* places in the same category, as regards punishment, a homicide committed with the most *casual* (not to say merely *constructive*) premeditation, and a *deliberate, cold-blooded murder*, the supplement or auxiliary, perhaps, to some seduction or robbery. An additional clause might be framed to distinguish between *such* cases, and smooth the way of duty to juries.

By the statutes of New York, a "*state of insanity*" exempts from punishment. The phrase seems to cover *any* unsoundness of mind, whether the particular act done has any connection with that particular unsoundness or not. It has been decided, however, by high legal authority, that the statutory phrase is not to be construed so broadly; but that the act of alleged criminality must be the distinct offspring of that unsoundness. Thus, if a monomaniac, insane as to the matter of theft only, should commit a homicide, unaccompanied by theft, or unconnected with such a design, his *unsoundness* would be no defence as to the homicide. The decision may be morally right, but it is questionable, perhaps, whether it conforms to the real intent of the statutes.

The exercise of any discretion, in criminal cases, for the tempering of justice to society with mercy to the accused, is legally confided to the executive authority, and not to the tribunals; subject to the practical qualification, that juries (as before intimated) sometimes leave no room for the exercise of any discretion but their own, by finding a verdict that absolves the accused. A humane jury will, in cases appealing to their sympathy, and showing what in France are called, "*extenuating circumstances*," seize upon the most trifling evidence of insanity to justify a verdict in consonance with their sense of humanity, rather than with the rigidity of the law. Juries are usually above law, when law itself is not flexible enough to conform to the dictates of a reasonable sympathy; and then it is that their *legal* conscience surrenders to the dictates of their *moral* conscience, confident that the common suffrages of the humane will applaud their decision.

In an ethical view, responsibility may be perfect or imperfect. But its comparative imperfection cannot be exactly graduated by legal standards, although it may be approximately so, and perhaps as nearly so as legal standards can graduate anything. They may measure tons, or yards, or pounds, or inches, with sufficient accuracy for ordinary practical use; but they must, from their necessary generality, fail in the nicer and fractional degrees of weight and measure. They have no vernier scale or assay balance. "*De minimis non curat lex*" is a maxim highly expressive of the inadaptability of the law to the refinements of ethics, and even of equity. Both ethically and legally, a totally unclouded mind is sane, and therefore perfectly responsible. Ethically, a mind in shadow is imperfectly responsible, according to the extent of its eclipse. To define the perfect shadow of the eclipse is the problem which puzzles psychology and medicine, and much more the law. We do not expect the same heat from the sun, nor the same light from the moon, when obscured by intervening spheres, that we do when they show their uninterrupted splendor; but the one still gives

heat, and the other light, appreciable, if not accurately measurable. So a man, whose mind is not wholly sound, may not be *wholly* guilty of a crime; but he may be guilty according to the extent of his capacity or derangement. The conditions of mental disease, on Dr. Bucknill's authority, must be allowed to modify responsibility *quantum valeant*. The *quantum valeant* is the stumbling-block to courts and juries, respecting which, however, they might make a much closer estimate than that of the English law; which seems to hold that *any* unsoundness of mind is legally equivalent to *total* unsoundness, and that a man who is not wholly responsible is therefore wholly irresponsible. An idiot knows nothing, or so little that it is counted as nothing; an insane person is not an idiot, but usually has faculties and perceptions of truth, more or less perfect, and, within their limited range, capable of control or restraint; and, unless furiously mad, he may, therefore, be held to a modified responsibility, and be a fit subject for a modified sort of correction; just as a child is, according to the degree of his intelligence and the development of his faculties. No one would assume that, because these are still immature and imperfect, they should be indulged with entire exemption from responsibility, although they do enjoy a degree of exemption proportioned to their ripeness and expansion. If restraint and punishment were spared to childhood, and reserved for years of maturity, what is bad in human nature would so overwhelm what is good, that nine cases in ten of adulthood might claim at the hands of criminal justice the immunity demanded for *moral insanity*; to which, indeed, they would be next of kin, if not the very thing itself.

Unsoundness of mind assumes such various phases, and springs from such various causes (some of them habitual vices), that certain modes of correction and restraint, less severe than the discipline of prisons, and more rigid than that of asylums, might, perhaps, be wisely applied in cases of criminal propensity. In partial insanity, a well-directed and thorough treatment of the sound faculties *might* overpower, subjugate, or at least balance, the unsound; for we know that a studious self-control enables many men to withstand and overcome propensities that seem irresistible, and even to contend against insanity itself. When *self-control* fails, the control of others is often a successful substitute. But such control, not being self-applied or inflicted, is *restraint*; in a modified way, it is *correction*; and correction is a milder term for punishment. Regarded as *restraint*, the welfare of society demands it; regarded as *correction*, the welfare of both society and the subject of the correction may justify it.

Medical experts differ, however, very widely on this point. It is maintained by some, that *any* degree of mental unsoundness should protect its victim from all forms of punishment, however graduated; and by others, that many manifestations of insanity are so dubious, faint, and obscure as to warrant the application of cautious punitive measures as correctives. A tender sympathy with human infirmity revolts at the idea of adding to the afflictions of the insane, in any mode, whether of restraint or correction; while a broad, and even a genial, humanity may venture to concede that correction, as well as restraint, though painful, may be serviceable.

However this may be, one thing is certain—that if the State undertake to make provision for idiots, lunatics and criminals, it should see that such provision is really adapted to its several purposes. Jails and prisons are mainly places of *punishment*; asylums, poor-houses, and hospitals are mainly places of *cure*, or of *charitable support*. Lunatics of criminal propensities, and who, but for their lunacy, would be convicted of crime, are fit subjects for neither of these, whether on their own account, or on account of those who must be their associates. An institution where due restraint, healthful labor, suitable correction, and professional care, may all be applied with discriminative reference to the case of each inmate, seems to be an obvious necessity, in all civilized states, in order to complete the circle of public charities. To enforce labor and inflict punishment on such whose case we are considering, as in a common prison, were inhuman: to allow them, indiscriminately, the optional freedom from both, which an ordinary asylum permits, might be, to many, an unwise indulgence, and dangerous to all.

We are therefore disposed to urge somewhat zealously, as both Dr. Bucknill and Mr. Wharton do, the establishment of a separate institution for the confinement and special use of that class of lunatics who are alleged felons, and are either not tried, or not convicted, or not adjudged to the usual punishment, on account of insanity, or who are lunatics of criminal disposition; but who require a rigid isolation, and strict restraint of personal liberty, for the safety of society; and some of whom are presumably the proper subjects of corrective as well as of curative measures. Such an institution should obviously be under the principal charge of an expert in insanity. If not as agreeable, it would certainly be as honorable and as useful a charge as the superintendency of an ordinary hospital or asylum. The principal should ostensibly be its medical adviser only, seeking the restoration to sanity of those committed to his keeping. The restraints and discipline demanded for the government and reform of the inmates should be administered by subordinates under his control and direction; and such provisions might

be made as that those who are discovered, on some authorized investigation, to be really sane, but who have been judicially exempted from conviction and punishment, by erroneous or partisan verdicts of insanity at the time of committing the offence charged on them, should receive such severity of treatment as would not only conduce to their amendment, but atone for the fraud or error which saved them from the deserved judgment of the criminal law. That they cannot be exposed to a second trial for the offence of which they ought to have been convicted, is a good reason why the community should have the advantage which their false plea of insanity happens to give, and the protection of the restraint which it justifies. Simulated insanity cannot claim more favor than sanity; and when it is fairly caught, it should not complain of being roughly used.

The general supervision of our public charities is confided chiefly to legislative committees, or to officers of state, whose oversight is very indirect and formal. The multiplication of foundations for the support and care of idiots and lunatics demands a more efficient and careful supervision than this. There should be a permanent commission of lunacy and idiocy, composed of experts in medicine and law, the efficiency and experience of which should be secured by some order of rotation or re-appointment, so that there should be always in service a suitable number of well-qualified men. One purpose of such a commission should be to make a periodical, personal inspection of all jails, prisons, poor-houses, hospitals and asylums, and to report upon their condition and management; another purpose, to select from them such of the inmates as would be suitable subjects for the proposed institution for lunatics of criminal disposition, in case it should be founded. Such a commission, too, might be a useful auxiliary to the courts; for the members of it being experts, might be called upon either as *amici curiæ*, or as witnesses, to aid the determination of judges and juries, in questions of insanity. Whether experts should ever be witnesses, or only *amici curiæ*, or referees, is a question which at present we cannot investigate, although the whole subject of expertness (in its legal bearing) is interesting enough and important enough for a full discussion. In France, they are selected to take testimony and report to the tribunals, but are not examined as witnesses; and Dr. Bucknill suggests that they should be referred to by the criminal courts of England, as the Masters of the Trinity Company are referred to by the Admiralty Courts, namely, as *amici curiæ*, and not as witnesses. But for the purpose of supervision alone, such a commission as we have suggested would be of sufficient value, if its objects were duly fulfilled, to justify its appointment and its expense.

The conclusions we reach are, that there is much in alleged, and probably in real, unsoundness of mind that is not yet recognizable by the criminal courts, and which is beyond their legitimate capacity to deal with satisfactorily to themselves, to the accused, or to the community; that a separate foundation should be established for the confinement, correction, and cure of those who escape trial or conviction for crimes, whether on false or on well-proved pleas of insanity; or who are of criminal propensities; and who for either of these causes are, or ought to be, the legal subjects of personal restraint; and that a commission of lunacy and idiocy should be appointed, under suitable legal sanctions and responsibilities, for the purposes we have designated. Until these things be done, no reasonable approximation to a complete provision for the real necessities of society and its insane members, on a subject most important to the welfare of both, is to be expected.

ARTICLE IV.

MEMOIR OF WILLIAM TUKE, THE FOUNDER OF THE RETREAT AT YORK, ENGLAND.

EDS. JOURNAL: Forbes Winslow's *Journal of Psychological Medicine*, in its issue for October, 1855, contains a memoir of William Tuke, the founder of the Retreat at York, England, prepared from materials furnished by his great-grandson, Dr. Daniel H. Tuke. I herewith forward to you an abstract of this memoir, sufficiently full to furnish the means for an accurate estimate of the character of its subject, as well as of his labors in the establishment of that institution for the insane, with the origin and early progress of which his name is inseparably connected.

With regard to the merits of Tuke and Pinel, as the pioneers, each in his native country, in the great work of the melioration of the condition of the insane, it is now very fully demonstrated that the *idea was original* with each of these, and that for some time they were actively pursuing their object, each uninformed of the action of the other. It is no new thing for inventions, discoveries, and innovations upon traditional practices to originate, almost simultaneously, in more than one place—showing that they are called for by the times, that they are developments of science and of humanity, necessary evolutions of the

human mind in its progress towards the unattainable perfect, rather than what may be termed the gigantic, or monstrous production of one intellectual genius. Benjamin West made a *camera obscura* before he had heard of its invention elsewhere. Guttenburg was not the only claimant of the invention of the art of printing. Adams disputed with Leverrier, the merit of the discovery of the planet Neptune. For ourselves, the balance between Pinel and Tuke is equally poised. Each perceived the wretchedness, the misery, the sufferings of the insane around him. Each was moved to compassion. Each resolved to effect a reform in their treatment. Each succeeded. This recognition of services to humanity is due to each. To each we freely accord it. May their successors in the same sphere emulate their noble example.

P. E.

"William Tuke was born at York, in the year 1732. His ancestors had resided for many generations in that city, and were descended, in all probability, from a family long settled in the south of Yorkshire, and the adjacent county of Nottingham.

"The York branch early suffered for Nonconformity; the great-grandfather of the subject of the present sketch having advocated the doctrines of the Society of Friends soon after its rise, and submitted to imprisonment and the loss of property on account of his religious opinions."

When a boy, William Tuke fell from a tree, fractured his skull, and was subjected to the operation of trephining. His school education embraced the Latin language. "He married at the age of twenty, and had, by his first wife, five children, the eldest of whom, Henry, co-operated with him in the establishment of the Retreat. By his second wife, whom he married in 1765, he had three children."

During the greater part of his life he was engaged in mercantile pursuits, but was able to devote a large share of his time to objects of a public and philanthropic character. He is thus described in an obituary published in the public papers of the period: "There will scarcely be found an instance of any useful or benevolent undertaking, within the proper scope of his exertions, which did not partake of his support, not merely in a pecuniary way, if that were needed, but (which is more important) in personal attention. We admire, in many excellent characters, an ardor, amounting to enthusiasm, which attaches them almost exclusively to some one favorite object; but William Tuke was a philanthropist-of-all-work. Liberal of his time and labor, wherever these could be brought into use, exemplary in the punctuality of his attendance and in his adherence to the business in hand, and clear in

his conceptions of its nature and bearings, he was on all occasions of this nature an able and a welcome coadjutor. In short, he was one of those rare characters who are 'never weary in well-doing,' and who accomplish it in the most efficient way."

"But while the objects of William Tuke's benevolent exertions were thus various, the subject which undoubtedly most occupied his time and attention, and for which his name will be chiefly remembered, was the establishment of the Retreat at York." His idea for the foundation of that institution sprang from a knowledge of occurrences at the old York Asylum, and was confirmed by a visit to St. Luke's Hospital, in London, where he saw a young woman who "was without clothing, and lay in some loose, dirty straw, chained to the wall."

"In the spring of the year 1792, he made the memorable proposition to a meeting of the Society of Friends, held in York, that it should have an institution, under its own control, for the cure and proper treatment of those who 'labored under that most afflictive dispensation—the loss of reason.' The proposition was far from meeting, in the first instance, a cordial response. * * * A small number, however, including his eldest son, and the well-known grammarian, Lindley Murray, warmly seconded it." At subsequent conferences further evidences were adduced, the non-contents were satisfied, and it was resolved, "*That, in case proper encouragement be given, ground be purchased, and a building be erected sufficient to accommodate thirty patients,* in an airy situation, and at as short a distance from York as may be, so as to have the privilege of retirement; and that there be a few acres for keeping cows, and for garden-ground for the family, which will afford scope for the patients to take exercise, when that may be prudent and suitable.*"

"The success of the best plans depends upon the execution. 'He had hoped to have found among his numerous friends some one devoted to the good of man, and who, having leisure for such an engagement, would have taken upon him the voluntary and gratuitous superintendence of the establishment. Such a superintendent he thought he had found in a brother-in-law, who had just retired from medical practice, and who entered into the project with much interest. He consented to take the office, at least temporarily, and was in the institution at its opening; but in about two months he was removed by death. The founder looked around among his friends for a suitable successor, but not finding one ready for the engagement, he agreed to undertake the

* The buildings have been more than once enlarged. At the date of the writing of the memoir, there were 114 patients in the Retreat, not all of whom were members of the Society of Friends.

office himself till a substitute should be found, and for nearly twelve months he had the immediate management of the young establishment upon him. This opportunity for close observation confirmed his estimate of the new institution, and enlarged his hopes of what might be done in the improvement of the management of the insane. He only wanted efficient resident agents. Ultimately, the right man was found in the person of George Jepson. It was, indeed, a rare concurrence of circumstances which brought together two minds, one so capable to design wisely and largely, and the other so admirably fitted to carry such designs into execution. * * * He (G. Jepson) was, of course, initiated into the duties of his office by William Tuke, who long continued his parental care of the institution, and may be said for a considerable time to have been, virtually, manager-in-chief. When the new Superintendent had fully obtained his esteem and confidence, he still continued his vigilant oversight, and, as treasurer, regularly conducted the financial and some other parts of the correspondence of the institution, till the decay of his sight obliged him, in his eightieth year, to close his long and gratuitous services.' * *

"He had the satisfaction of witnessing the complete success of the experiment, not only in regard to its direct and primary object, but also, indirectly, by its influence upon other asylums for the insane."

"In regard to the views entertained by William Tuke and his fellow-laborers respecting the use of personal restraint, it may be well to state, that while they from the first eschewed the use of chains, hobbles, and other harsh instruments of coercion, and in so doing evinced indubitable boldness and humanity, departing as they did from the treatment advocated and pursued by the highest authorities, they never theorized upon or systematized the subject. They decided conscientiously, and with remarkable judgment, in each individual case as it presented itself, acting rather in accordance with what appeared to them right and reasonable, than following the doctrines of the schools. Although carrying on this experiment contemporaneously with Pinel, they were totally unconscious of the success attending his labors, and had not, therefore, the advantage of his example. * * * * Considerable investigation into the early practice pursued at the Retreat induces us to think that the amount of restraint employed was remarkably small, and fully justifies the general description given of it by Dr. Conolly, when he says, 'Certainly, restraint was not altogether abolished by them (the early managers of the Retreat), but they undoubtedly began the new

* "Review of the Early History of the Retreat." 1846.

system of treatment in this country, and the restraints they did continue to resort to were of the mildest kind.' "

"William Tuke enjoyed the full possession of his mental faculties up to within a week of his death, in 1822; and, although blind for several years previously, continued to pursue his active and useful life. Many years before his death, he had occasion to consult the well-known Dr. Willan, who, singularly enough, made the observation, on placing his finger on his wrist, 'There is a pulse which will beat till ninety'—and so it proved. He was seized, while at dinner, with a paralytic attack, and for the few following days of his life was more or less delirious. During conscious intervals, however, he was able to converse with those around him; but he was ever a man of few words, and said little more than that he wished to be perfectly quiet; and with an affectionate remembrance to the matron of the 'Appendage' of the Retreat (which were his last words), he quietly passed away." * * * He is buried "side by side with Lindley Murray, to whom he was so intimately attached during life—a friendship in unison with the motto on his seal, '*Fortior leone amicitia*.'"

"'In person,' writes a cotemporary, 'William Tuke hardly reached the middle size, but was erect, portly and of a firm step. He had a noble forehead, an eagle eye, a commanding voice, and his mien was dignified and patriarchal. * * * In the great election of 1807 he spoke from the hustings. * * * A patron of the Bible Society, he attended all its meetings, liberally contributed to its funds, and often edified the members by the weight of his remarks. That saying, '*Crescit amor nummi, quantum ipsa pecunia crescit*,' was not verified in his example, for he certainly was one of the most disinterested of men." *

"'An object,' writes one who knew him well, 'which once seriously engaged his attention, he seldom abandoned, being neither depressed by disappointment nor elated by success; but if circumstances proved untoward in the outset, he could wait with patience the favorable moment, and then pursue his object with all the energies of his mind. It was his complete self-government, united with good judgment and unwearied application, which formed the secret of his success. The faculty of mind which, perhaps, most distinguished him, was *observation*. Scarcely any object escaped his attention, and he had an invaluable stock of facts ready to illustrate almost every occasion. On subjects at all within the sphere of his occupations and engagements, his knowledge may be said to have been profound, for he could not rest

* "Yorkshire Observer," 1822.

in a superficial acquaintance with subjects that came before him. His countenance was the very picture of *strength*. His words were of the same character—though few, they were always effective. During the latter part of his life, there was a great mellowing of what might be called the stern features of his character, and increased condescension and gentleness.”

ARTICLE V.

SUICIDE AND SUICIDAL INSANITY.*

[TRANSLATION.]

There are some authors who in all cases regard suicide as an act of insanity. For them it is sufficient that one should have voluntarily killed himself, or even made the effort to kill himself, to constitute the deed one of mental alienation.

We, however, are not of this opinion; for there are occasionally circumstances in life in which suicide, without ceasing to be reprehensible and culpable in a moral sense, can, however, be readily accounted for by a state of mind far removed from insanity.

In this connection Monsieur le Docteur Brierre de Boismont appears to be in the right, when he defines this difference, which common sense, even, unaided by science, so readily establishes; and when he insists upon the great importance of making the distinction between the man who, in committing suicide, retains his reason and his self-control, and that one who, suffering from that form of mental alienation, suicidal monomania, is no longer a responsible agent.

It is upon such a scale of difference that M. Brierre de Boismont chiefly establishes the general considerations which preface his work; and here he endeavors to discriminate as accurately as possible between the various causes to which we should refer the frequency of suicides in our day. We can comprehend the full value of these *etiological* researches when we learn that since the commencement of this century there have been, according to statistical facts, no less than three thousand cases of suicide in France.

Those studies to which our author has devoted himself, and the standard of comparison which he has established between the different

* Du Suicide et de la Folie Suicide, Considérés dans leurs Rapports avec la Statistique, la Médecine et la Philosophie. Par A. Brierre de Boismont. Paris. 1856. 8vo., pp. 663.

epochs, have led him to the following conclusions: that the earlier ages, on account of the peculiar philosophic and religious doctrines then entertained—which were essentially pantheistic—were favorable to the development of suicide; whilst in the middle ages, the Christian religion having been established, and there being a predominance of the religious sentiment, and spiritual philosophy, the progress of the evil was arrested. And now, when incredulity is so prevalent, the pride of reason so exalted,—when love of self, scepticism, and indifference are made the code of action of the masses,—a new impulse has been given to the disposition to commit suicide.

The causes of suicide may be divided into two principal classes—the predisposing and the determining. Among the first the most frequent cause, doubtless, is the hereditary tendency, which alone exercises a stronger influence over the insane than over those of sound mind. Next follows the influence of sex, which evidently has a great control, the proportion of suicides being much larger with men than with women. Then come the age of the individual and the circumstances of fortune and education. A singular fact, and one which, at first view, would appear beyond the bounds of probability, is, that in such localities as are most advanced in matters of industry, and also among those classes who have been the most highly educated, we find the largest number of suicides; which result entirely coincides with the author's experience, as he has stated it in one of the latter chapters of his work, where he proves, by authentic and exact statistics, that the number of suicides is in direct proportion with the advance of civilization.

"It is," to use M. Brierre de Boismont's own words, "when doubt, scepticism, self-love, the desire of worldly gain, and ambition have the ascendancy over religious faith, over patriotism, moral integrity and resignation, that disappointment and despair give rise to feelings of despondency and depression, and lastly to the thought of voluntary death itself.

As regards the determining causes, M. Brierre de Boismont arranges them under ten different heads, one alone of which comprises insanity in all its varieties, hypochondria, and deficient action and over-excitement of the brain.

Almost all the others relate either to particular circumstances, independent of the individual,—such as poverty, reverses of fortune, grief (more or less profound), diseases, etc.,—or to unconquered passions. This chapter, which contains an immense number of facts, is certainly one of the most interesting of the volume, and evinces the arduous and persevering investigations which the author must have made, in the

numerous collections and in the valuable records which have been placed at his disposal.

In reference to the practical conclusion which may be drawn from the *résumé* of all these facts, M. Brierre de Boismont thinks that it is connected with the solution of the great social questions of the day,—pauperism, labor, and wages,—and he thinks that an intimate knowledge of the causes of insanity should be able to furnish numerous lessons for those to whom is intrusted the government of society.

The distinction of the intellectual conditions of those who have committed suicide, is, perhaps, better evinced by analyzing the last sentiments expressed by them, as found in the writings which they often leave, which analysis the author has understood how to use to great advantage in support of the position which he assumes in his essay. As regards those who commit suicide in full possession of reason, it is found that the motives which they assign in explanation of the act are the results of the passions, the inordinate desires,—in a word, of all the common incentives to action in life; whereas, with the insane, the tendency to suicide is determined by hallucination, illusions, and other morbid conditions. With those of a sane mind who commit suicide, reason remains undisturbed; but with the insane it is in a state of perturbation.

We pass by the chapters relating to the symptoms and nature of suicide, and its medical jurisprudence, to notice particularly that part which is more interesting to the general practitioner—its treatment, which evidently differs accordingly as the disposition occurs with one in full exercise of reason or with one insane. In a few words we can give an analysis of the course of treatment as laid down by the author. Religion, morality, and the ordinary occupation of the individual are the best preventives against suicide.

Reason can triumph over the disposition to suicide, when passion alone is prompting it. The judicious control of the passions can be of great service, but it must be commenced at an early period of life; and this tendency to suicide should be overcome in childhood by a systematic training of the mind. It is especially at maturity that reason, moral instruction, and a system of amusements can be crowned with success.

Old age is often driven to suicide by solitude. The true way of overcoming the disposition with such is to build up around them a new family circle.

Imitation, which is a species of moral contagion, contributes to increase the disposition to suicide; therefore nervous, impressible persons should avoid conversations and books relating to this subject. Threat-

ening punishments are, at the best, good only for uncivilized nations; but actual punishments for certain vices—such as drunkenness, for example—would diminish the number of suicides. The moral treatment of this disposition to suicide is of great importance; but it is also necessary to determine whether the physical condition of the patient may not be one of the causes of the malady, and to meet it with the appropriate treatment.

In the state of insanity, the treatment of those disposed to suicide differs from that for those who are sane. More frequently is it necessary to resort to seclusion, to coercive measures, and to therapeutical agents—such as long-continued baths; shower-baths also are found serviceable in the acute stage of this malady. Cold affusions and antispasmodic preparations and tonics may be employed with great success; also external irritation, such as friction of the skin, and likewise depletion and blistering, may prove beneficial. It is sometimes necessary, in cases of prolonged refusal of food, to introduce nourishment into the stomach by means of the œsophagus tube. The administration of morphine appears at times to be useful in the treatment of suicidal insanity. When the acute period of the disease has passed, the pleasures of the family circle are of great service. During convalescence, country air, traveling, gymnastic exercises, amusements, and intellectual as well as manual labor assist materially in the cure. The recovery may be attributable to a physical or moral crisis.

Children born of parents who have committed suicide should be subjected to preventive treatment, which ought to consist of a peculiar kind of physical and moral training, directed with discretion and perseverance by individuals selected for that purpose.

M. Brierre de Boismont's work is a highly valuable one, particularly in reference to suicidal insanity—the principal object, in a word, of the studies of the author. It abounds in curious and interesting facts, all tending to the support of the theories, and the opinions which the author's experience has taught him. It will be a worthy appendage to his work on Hallucinations, and we can safely predict for it a brilliant success.—*Revue Medico-Chirurgicale*.

H. T.

ARTICLE VI.

BIBLIOGRAPHICAL.

REPORTS OF AMERICAN ASYLUMS.

I. Report of the State of the New York Hospital and Bloomingdale Asylum, for the year 1854. New York, 1855.

Incorporated in the above is the Annual Report of Dr. D. T. Brown, Resident Physician of Bloomingdale Asylum. The general operations of the institution for the year are presented in the following table :

	Males.	Females.	Total.
Number under treatment, Jan'y 1st, 1854..	56	68	124
Admitted since, to Jan'y 1st, 1855.....	58	64	122
Total number during the year.....	114	132	246
Total discharged and died.....	64	55	119
Remaining, Jan'y 1st, 1855.....	50	77	127

Of those discharged there were,—

Recovered	22	26	48
Improved	17	12	29
Not improved.....	9	7	16
Died	16	10	26
Total	64	55	119

The number of deaths is larger than usual, mainly in consequence of six aged persons having deceased within the year. "In most of the other cases of death the fatal event was the termination of diseases so generally destructive to the insane. Thus, three rank under general paralysis; two died of epilepsy; one of apoplexy; four of exhaustive mania; one of puerperal mania; and three of pulmonary consumption. Two demented patients were destroyed by marasmus, one by organic disease of the kidneys, and one by the long-continued and excessive use of opium. In one instance death was self-inflicted, and in another was produced by exhaustion from a suicidal attempt previous to admission."

In reference to the physical health of the insane, as a class, Dr. B. remarks :

"It has been supposed by some, that the insane resist the invasion of physical disease more successfully than those whose minds are prompt to recognize the approach of alarming as well as trifling ailments. But the reverse is true. Mental derangement, indeed, cannot exist except as the consequence of disordered physical function in some important organ, opening, as it were, the door for the incursion of some new enemy of life, while the sentinel of reason is wrapt in unwilling slumber.

"Thus the insane, as a class, are unsound alike in mind and body. They inherit the multiform varieties of scrofula, and among them abound the Protean forms of nervous diseases, hysteria, chorea, neuralgia, and epilepsy. Some are victims to depraved appetites, unrestrained by an enlightened and vigorous will, and suffer the torments of alcoholic poison, which has paralyzed alike their physical energies and their moral sense. Cardiac, hepatic, renal, and uterine affections are common among them, excite and shape their delusions, and generally shorten their lives. Their sensations being enfeebled or perverted, they disregard extremes of heat and cold, and become indifferent to danger; but while the mind may betray no indication of pain, their bodies suffer like those of sane men. Neglect of hygienic laws, and resistance to the regimen or habits imposed by others for their benefit, beget inevitable evils. Obstinate derangements of the digestive and assimilative organs are induced by prolonged abstinence, or excessive and unmasticated food; the circulation is languid, from muscular inactivity; the extremities are cold and livid; slight abrasions of the skin become alarming ulcers, and serious visceral disease insidiously establishes itself, too often successfully resisting medical art. These patients become prematurely old, their intellectual perceptions and moral emotions disappear with healthy sensation; they sicken and die, often without an intimation of suffering, or an expression of concern."

Nevertheless, in the Report before us is given an instance of the "remarkable exemption from prevailing epidemics sometimes vouchsafed to these unfortunates. Thus, while cholera prevailed to a considerable extent in the neighborhood of the Asylum during the past summer, no instance of this disease occurred within our inclosure, and the whole household was preserved, in an unusual degree, from all affections of a similar character." And in the mortuary table, embracing only twenty-six cases, we find recorded the deaths of six aged persons, the youngest of whom was seventy years of age; three had overstept the limit ordinarily assigned to man, and one had reached the age of ninety-five.

The newly-erected buildings have been occupied, and all the anticipations of usefulness which induced their erection have been realized; the means and appliances for the welfare and comfort of the patients have been multiplied and improved, and the Asylum is better prepared than ever before to accomplish successfully its high aims.

II. *Twelfth Annual Report of the Managers of the State Lunatic Asylum. Transmitted to the Legislature of New York, January 17th, 1855. Albany, 1855.*

At the date of the Report before us closed the twelfth year of the operation of this institution. During this period four thousand three hundred and thirteen patients have been admitted within its walls, seventeen hundred and eighty-nine of whom have been discharged recovered, five hundred and eleven have died, and four hundred and fifty are still under treatment.

In reference to the operation of the new warming and ventilating apparatus, a detailed description of which appeared in a recent number of this Journal, the Managers remark: "From our experience thus far, we feel warranted in pronouncing the plan entirely successful and satisfactory. All previous attempts to secure a sufficient quantity of pure air, by what might be termed natural ventilation, have failed, but the mode now adopted seems adequate and effective."

The Superintendent presents the following statistics:

	Males.	Females.	Total.
Remaining, November 30th, 1853.....	239	207	446
Admitted during the year.....	191	199	390
Whole number treated.....	430	406	836
Discharged during the year.....	204	182	386
Remaining, November 30th, 1854.	226	224	450

Of those discharged there were:—

Recovered	98	66	164
Improved	22	20	42
Unimproved	55	60	115
Died	29	36	65
Total	204	182	386

The large number discharged "unimproved" is thus explained: By a law of the state governing the admission of patients into the institution, preference is given to recent cases, by directing the removal of those who have been under treatment more than two years, and of those whose mental disease is of long standing, and presents no prospect of speedy recovery. The removal of the "unimproved" to make room for recent cases commenced about six years ago, and has been resorted to whenever applications became numerous and pressing. Owing to the inadequate provision for the insane of the state of New York, these exchanges have been so frequently made that during the past

year nearly all the recent cases admitted were in this way provided for, and of those thus crowded out "unimproved" fifty-one had been under treatment *less than a year*. It, of course, can never be known how many of these would have recovered under continued treatment, neither can the extent of inhumanity and injustice involved in such a course ever be computed; but the fact that most of them became the inmates of the poor-houses of their respective counties, where, to say the least, all curative effort ceased, is alone sufficient to attach to their removal much painful solicitude. In speaking of this, and its apparent legal sanction, it is remarked: "The law provides for the treatment of the insane in an asylum only while their condition is favorable for recovery. Now, can it be just that the care of these persons should diminish in the ratio of their increasing helplessness?—that the spirit of charity should withdraw further and further as they become more dependent on her hand, and when they are utterly helpless, leave them to abuse and neglect?"

In connection with the probable causes of derangement in those admitted, the following important facts are recorded. "The disease was hereditary in,—

	Males.	Females.	Total.
Paternal branch of family.....	30	20	50
Maternal " "	16	30	46
Paternal and maternal.....	8	9	17
Insane relatives, brothers, sisters, or cousins ..	10	19	29
	—	—	—
Total in 390 admissions.....	64	78	142

The above table shows that hereditary predisposition could be traced in 28.97 per cent. of the whole number admitted, and 36.41 per cent. had insane relatives. When it is remembered that in many cases no information in regard to the ancestors can be obtained, this result indicates an amount of hereditary insanity truly alarming. Mental alienation is said to be transmitted more frequently by the mother than by the father, but in the above one hundred and thirteen cases, those who have inherited the disease from the father are the most numerous. Statistics generally show that about two-thirds of the cases of hereditary insanity are transmitted by the mother. M. Baillarger found that of four hundred and fifty-three cases, two hundred and seventy-one derived the predisposition from the mother, and one hundred and eighty-two from the father.

"The form of the disease is very frequently transmitted by parent to child. We now have a case in which there is very little apparent intellectual disturbance, but the patient, at times, is seized with an irresistible impulse to commit suicide. The great-grand-father, grandmother, and uncle were similarly afflicted, and died by their own hands.

"The influence of the predisposition may be so powerful as to produce insanity, without any other apparent cause. In one case, included

in the preceding table, the maternal great-grandmother, grand-mother, mother, and two aunts, the paternal grand-father, uncle, and two sisters, and one brother, have been insane. In another, the maternal grand-mother, two uncles, and mother, the paternal grand-father and uncle, and two brothers, have suffered from attacks of insanity. Many other cases might be mentioned in which no other exciting cause was required to develop the disease."

In December a case of small-pox occurred in the male department, which, though carefully isolated, was followed by twenty-two others. The patients and attendants were at once vaccinated, and all those admitted for several months afterward.

The mortality during the year has been larger than usual, being 7.75 per cent. on the whole number treated. The causes of death were as follows :

Phthisis pulmonalis, fifteen ; general paralysis, four ; apoplexy, two ; epilepsy, four ; erysipelas, four ; hemorrhoids, two ; organic disease of the liver, one ; pneumonia duplex, one ; typhoid fever with internal hemorrhage, one ; chorea, one ; old age and protracted mental disease, four ; suicide, four ; exhaustion, as a termination of insanity of long standing, five ; exhaustion, the result of acute maniacal disease and acute paroxysms of periodic mania, eleven.

III. *Annual Report of the Resident Physician, Lunatic Asylum, Blackwell's Island. New York, 1855.*

The number of patients admitted into the institution during the year was four hundred and eighty-six, only ninety-seven of whom were natives of this country. Forty-seven were received from the penitentiary, forty-eight from the alms-house, sixty-one from the work-house, and one hundred were immigrants.

In reference to the latter Dr. Ranney remarks :

"A large portion of the recent immigrants recover, the derangement of mind being generally produced by privations on shipboard, and the changes necessarily incident on arriving in a strange land. Their exposures and sufferings are occasionally very great in crossing the Atlantic, and in a few the aberration of intellect has seemed to depend entirely on the want of sufficient nourishment."

"A poor German boy was admitted last March who had just arrived in New York. His sufferings from starvation had been so great as to obliterate from his memory all knowledge of having crossed the ocean, and he fancied himself in his 'father-land.' He would implore me in the strongest terms to allow him to go on his journey, as in a few hours he would meet his parents, who were anxiously awaiting his return. Then

a change would come over him, and he would imagine that he was detained as a culprit. He would plead his innocence with feeling eloquence and in the most melting tones. These delusions were so firmly fixed that he would listen to no explanation, and the only effectual quietus was the liberal and constant supply of nutriment. His thirst fully equaled his appetite for food. I subsequently learned that he was a native of the grand dukedom of Baden, and that he had been seventy days in making the voyage from Bremen to New York. In two weeks the delusions disappeared, and he became fully conscious of his condition. In two months, his mind was perfectly restored, when he left the Asylum, as noted for excessive fatness as he had previously been for his emaciated and meagre appearance."

The annual statistics presented are as follows:

	Males.	Females.	Total.
Number of patients, January 1st, 1854	232	310	542
Admitted during the year	224	262	486
Whole number treated	456	572	1028
Discharged during the year	211	262	473
Remaining, January 1st, 1855	245	310	555

Of those discharged there were,—

Recovered	186
Improved	65
Unimproved	32
Died	190
	473

Of the one hundred and ninety deaths, above reported, eighty-three were from cholera, which prevailed in the institution as an epidemic from the 22nd of July to the 22nd of August. Dr. Ranney remarks that the disease seemed more violent and proved more fatal than in 1849, and nearly the same class was afflicted, viz., those in whom the constitution was greatly impaired from chronic disease and the mind reduced to the most helpless state. Frequently, the first warning was complete collapse, characterized by blueness of the skin, coldness of the surface, and loss of pulse. Cramps were less common than in 1849. If diarrhea occurred as a premonitory symptom, it was readily checked by medicine."

IV. Annual Reports of the Officers of the New Jersey State Lunatic Asylum, at Trenton, for the year 1854. New Brunswick, 1855.

This institution has been enlarged during the year by the erection of two additional wings, which, when completed, will increase its capacity

to two hundred and fifty. The Reports of both Managers and Treasurer and of the Superintendent are very favorable. The following statistics are presented.

	Males.	Females.	Total.
Patients in the Asylum, Jan'y 1, 1854.....	98	107	205
Received during the year.....	56	67	123
Whole number treated.....	154	174	328
Discharged during the year.....	46	69	115
Remaining, Jan'y 1, 1855.....	108	105	213
Of those discharged there were,—			
Recovered.....	25	32	57
Improved.....	7	22	29
Unimproved or stationary.....	3	3	6
Died.....	11	12	23
	46	69	115

Death occurred in four cases from consumption, in six from general exhaustion, in eight from dysentery, in one from epilepsy, in one from apoplexy, in one from asphyxia, and in one from congestion of the brain. During the months of August and September, a number of cases of dysentery occurred, several of which proved fatal.

V. *Report of the Pennsylvania Hospital for the Insane for the year 1854. By Thomas S. Kirkbride, M. D., Physician to the Institution. Philadelphia, 1855.*

Dr. Kirkbride's Report is very full and interesting. The institution under his care has been full throughout the year; and during the summer and autumn the number of patients was so large, and the tendency to sickness in the community so great, that but few of those who applied for admission could be received. Nevertheless, the general health of the inmates has been remarkably good, and there has been no tendency to any of the summer or autumnal epidemics which prevailed in many parts of the adjacent country.

The annual statistics are as follows :

	Males.	Females.	Total.
Number of patients at the commencement of the year	112	123	235
Admitted during the year.....	85	93	178
Whole number treated.....	197	216	413
Discharged during the year.....	80	110	190
Remaining at the date of the Report	117	106	223

Average number under treatment, 229.

Of those discharged there were, cured, 98; much improved, 32; improved, 19; stationary, 15; died, 26.

"Fifteen males and eleven females have died during the year. Of these deaths, five resulted from acute mania, four from organic disease (softening) of the brain, six from tubercular consumption, one from chronic bronchitis, one from epilepsy, one from paralysis, one from acute inflammation of the bowels, one from dysentery, one from chronic diarrhea, one from inflammation of the lungs, one from acute dementia, one from disease of the heart, one from dropsy of the chest, and one from old age.

"Of the patients who died, thirteen were admitted for mania, one for monomania, three for melancholia, and nine for dementia.

"Of these cases, four of those of acute mania terminated fatally within a little over a fortnight of their admission, nine were less than four months in the house, seven were between one and two years, three between two and three years, one was more than seven years a resident of this Hospital, one more than nine, and one nearly fourteen (and in both branches of the Pennsylvania Hospital more than twenty-two) years."

"**PREMATURE REMOVALS.**—As usual, there have been a few patients removed prematurely—so soon after their admission as to give no opportunity to know whether the treatment proposed was likely to prove in any way advantageous. The good sense of the community, however, seems each year to lead to a fuller conviction of the folly of placing patients in a hospital for the insane, and then, from some whim of their own, or to gratify the wishes of some indiscreet friend, to remove them to their homes before it was possible to discover whether they were likely to be benefited by the discipline and treatment of the Institution. Such cases rarely fail to return sooner or later, or to be taken to other hospitals; but, it too often happens, only after the best period for treatment has passed, or some startling event has occurred which seemed to leave no alternative but to secure the protection of some well-conducted public institution.

"In addition to the loss generally sustained by the patients from these premature removals, there are other results that ought not to be overlooked or forgotten when stating the objections to such a course. Uncured patients—especially if they have entered an institution against their will—are pretty sure, on leaving it after a short residence, to carry with them some feeling of resentment towards those who had counseled their confinement, or exercised any control over their wishes and proceedings. The morbid condition of their minds too often causes them to interpret erroneously what has passed under their observation, even if there is not a willful perversion of the truth. They frequently leave with a sense of having been greatly wronged; and it occasionally happens that their earnest and positive declarations of what they seem to believe true, impose upon well-meaning friends, who have had no opportunity of knowing the actual circumstances of their cases. In

my experience, patients who are thoroughly cured rarely leave an institution with other than the most kindly feelings towards it, and with a disposition to cultivate the most friendly relations with those who have been engaged in their care; while those who are removed prematurely, or taken away with their minds only partially restored, very often exhibit sentiments of an entirely different character, and which, singularly enough, sometimes appear to continue, or else are assumed, even after they in other respects seem entirely well.

"It is important, when referring to premature removals, to impress upon the friends of patients that although a limited number of cases do recover after a few weeks' treatment, these are only the exceptions to the general rule;—that insanity is mostly of a chronic character, or at least of several months' duration,—requires a steady perseverance in the use of the proper remedies for a long period, and that no case should be considered as having had a fair trial of remedies that has not been at least a year under care in a hospital."

In the following remarks, which precede the complete and well-arranged statistical tables which usually accompany Dr. Kirkbride's reports, we entirely concur, and trust that the singular misapprehension in regard to the object and value of this form of recording observations, still existent in the minds of a few may be removed. No one looks to the tables of a single annual report for an accurate view of the subjects to which those tables have reference; but let them "be given year after year as a useful and probable approximation, showing the general results of practice, and making an annual contribution of value to the important statistics of mental disease, where, whatever error may exist in details, the aggregates afford just ground for observation and inference." *

"STATISTICAL TABLES.—Fully impressed with the importance of every institution furnishing, in its annual reports, statistical tables of as many circumstances in regard to its patients as can thus be conveniently arranged, I continue those heretofore reported, with the addition of all the patients under treatment during the year 1854. Because entire accuracy in every point may not always be attained, can hardly be urged as an excuse for not attempting to approach it; nor is it a sound reason for omitting all statistics, that wrong inferences and unfair comparisons have occasionally been made from some that were not entirely reliable. The extent of the field for observation, the competency of the observer, and the care used in the compilation of all statistics, must, of course, in a great measure, determine their real value; but I have never been able to discover a sound reason why tables of carefully-recorded facts, or even of the opinions of intelligent physicians, in reference to insanity, should not be just as important and reliable as if made in regard to other diseases.

"It is not intended on the present occasion to attempt any analysis of the tables about to be presented, or to make those explanations of the

* Report of the Governors of the New York Hospital.

terms used which will hereafter be desirable, or to allude to the inferences which may legitimately be drawn from some of them."

VI. Thirty-Eighth Annual Report of the State of the Asylum for the Relief of Persons deprived of the use of their Reason. Published by direction of the Contributors, Third month, 1855. Philadelphia, 1855.

Important alterations and repairs have been made at the Friends' Asylum during the past year, and the institution at no former period has possessed in a greater degree the accessories required to constitute it an efficient agency in the treatment of those afflicted with mental disease. During no previous year have its benefits been constantly shared by so great a number of patients.

At the date of the last Annual Report, third month, 1st, 1854, there were fifty-seven patients in the Asylum, and forty-two have been since admitted, making ninety-nine who have been under care during the past year; thirty-two have been discharged, eight have died, and fifty-nine still remain under treatment. Of those discharged, seventeen were restored, three much improved, five improved, and seven unimproved. The causes of death were as follows: diarrhea, three; paralysis, phthisis, marasmus, old age, and inanition, each one. Of these, two had been inmates of the Asylum for about five years, one for nine years, and two for about twenty years. Two were between forty and fifty years of age, one between fifty and sixty, two between sixty and seventy, two between seventy and eighty, and one over eighty years of age.

"Six recent cases were under treatment at the date of the last Annual Report, and twenty-two have been received since, making twenty-eight patients of this description who have been residents of the Asylum during the past year. Of this number five were removed by their friends before sufficient time had been allowed for them to receive much benefit; and of the twenty-three who were left to undergo a full course of treatment, fifteen have been discharged, all of whom were restored, and eight are still under care. Eleven cases, of more than one year's duration, have been under special curative treatment, three of whom were restored; they were much improved, and five are stationary. Of the seventeen patients discharged restored, ten were under care for a period not exceeding three months, two for more than three and less than six months, two for more than six months and less than a year, and three for more than a year."

Dr. Worthington subsequently devotes a few pages to the consideration of the principles that govern the treatment of mental disorders, and the means used for their relief and cure, in modern institutions.

The Report is embellished with a finely executed steel engraving of the garden and "Library" attached to the Asylum.

VII. *Report of the Board of Managers of the State Lunatic Asylum to the Eighteenth General Assembly.* Jefferson City, Mo., 1855.

Under the above title are presented the second biennial Reports of the Board of Managers, Treasurer, and Superintendent and Physician of the Missouri State Lunatic Asylum, for the two years ending November 27th, 1854. Although the institution has been, in a measure, crippled in its operations by the overcrowded condition of its wards, and the serious inconveniences and disadvantages attendant thereon, it has prospered and fulfilled the expectations formed of its usefulness.

Dr. T. R. H. Smith, the Superintendent and Physician, reports :

	Males.	Females.	Total.
Number in the Asylum, November 29th, 1852,	34	28	62
Admitted in two years	68	55	123
Total number treated	102	83	185
Discharged during two years	49	42	91
Remaining, November 27th, 1854	53	41	94
Of those discharged there were,—			
Recovered	20	23	43
Much improved	4	3	7
Stationary	1	0	1
Eloped	2	0	2
Died	22	16	38
Total	49	42	91

The causes of death were as follows : epilepsy, eleven ; consumption, six ; paralysis, one ; dropsy of the abdomen, the effect of organic disease of the liver, one ; disease of the heart, two ; accidental burning, one ; abscesses and gangrenous ulcers, resulting from injuries received prior to admission, one ; ulceration of the bowels, three ; chronic diarrhea and typhoid fever, each four ; inflammation of the bowels, two ; and one from exhaustion.

Dr. Smith devotes several pages to the consideration of the various causes of insanity. He regards the neglect and misdirection of early education the most prolific predisposing cause, or, in other words, that it lays the foundation for the development of the disease from the ordinary exciting causes.

"The statistics of American institutions for the insane have not, as yet, enabled us to determine, with any degree of certainty, the most

prolific source of insanity in our country. It is true, ill health, heretofore, has been assigned as the most frequent of all causes; but as this is a general term, and susceptible of a variety of subdivisions, it would include, of course, a variety of causes; and as none of the reports have given us the elements that enter into the composition of this term, we are left without any data for arriving at a correct conclusion. Among other causes, the most common are intemperance, religious excitement, loss of property, domestic trouble, loss of friends, disappointed love, masturbation, intense study, &c. There has not, however, been sufficient uniformity in the different reports to enable us to infer which one is the most frequent and common cause of insanity. There is a question of far greater magnitude, which lies back of all these causes, and that is, What is it that interrupts the harmony that should exist in man's mental and physical systems, and thus predisposes him to the action of these causes, or lays the foundation for mental and physical disease? There are very few, if any, examples of the development of insanity in an individual in perfect health, from the sudden action of the ordinary exciting causes, but result, almost universally, from their influence upon those in whom there is a want of a healthy condition of body and mind. Can we determine, then, what constitutes the most common cause of this want of healthy action in body and mind, and predisposes so many to be influenced by the ordinary exciting causes of insanity? The answer to this question is doubtless found, as others have conclusively established, in the neglect and misdirection of early education. It is during early life, the period usually appropriated for education, when the predisposing causes of disease are too often called into activity. The only safeguard of vigorous mental and bodily health is the cultivation of all the faculties in due proportion, and in harmony with a correct physical education. The great principle of equilibrium, which controls and presides over the forces of inanimate matter, must also preside over animate, in order to the production of a perfect result: a disregard of this principle opens the way for a series of morbid actions, that may end in the most fatal and lamentable results. Every well-informed medical man is aware that a due degree of innervation from the brain is essential to the healthy action of all the other organs in the system; and hence, if in early life, by excessive action of the mind, a large portion of the brain's energy be expended in maintaining its activity, diseased tendencies gain the ascendancy in their struggle with the vital powers, and the equilibrium being disturbed, hereditary diseases begin to claim their victims, and thus many of the finest intellects and dearest treasures of the heart find an early tomb. How often have teachers, by overtaxing the minds of sprightly children, and disregarding the proper education of the physical system, been instrumental in producing these mournful instances of premature decay! And how often have parents, in their anxiety to clothe the brows of their children with the early laurel for the triumph of learning—forgetting that learning, to be valuable, must be associated with health—had all their fondest hopes destroyed! This course, based as it is upon an ignorance of, or inattention to man's mental and physical organization, not only predisposes its subjects to the various forms of physical disease, but also to be easily influenced by the ordinary exciting causes of that most terrible of all visitations—mental disease. While physical education is so important,

and should be made to harmonize with the mental, it is equally so, this great principle of equilibrium, should be the controlling one in the cultivation of the mind, embracing, as it does, the intellectual faculties, moral sentiments, and propensities. If the intellect be educated and the moral sentiments neglected, you may have an intellectual prodigy, but, as has been beautifully said, 'not a finished man, shedding forth the influence of a strong and healthy intellect, and sympathizing with every pulse of the human heart.' If you educate the moral sentiments, and neglect the intellectual, you will have an enthusiast, and the subject of feeling without reason to preside and control. If you educate the propensities, and neglect the other faculties, you will have the animal man, almost on a level with the brutes that perish, having as his only guide the 'lusts of the flesh, the lusts of the eye, and the pride of life.'"

In reference to the apparent increase of insanity in this country, and the causes operative in its production, it is remarked:

"It has been a source of astonishment to many, that insanity should prevail to so great an extent in this highly-favored land of ours, and seems to be increasing even in a greater ratio than our population, and is, perhaps, of more frequent occurrence in this than in most other countries of the world. The general impression is, that our happy form of government, free from tyranny and oppression, where the rich and inestimable blessings of liberty are secured to the humblest citizen, and all those influences thrown around him that will conduce to his temporal well-being and happiness, would be incompatible with its prevalence, at least to any great extent. It is true, the elements which enter into the composition of our government, in the abstract, seem well calculated to contribute to man's highest and best interests, yet the freedom of thought and action possessed by every individual connected with this highly-favored state of things, the numerous and varied incentives to action, the high degree of excitement incident to the different pursuits of life, the spirit of emulation, the hopes, the fears, the joys, the sorrows brought into exercise in quick succession,—all tend, in a striking manner, to disturb the equilibrium so essential to the healthy action of the mental faculties, and by a repetition of the same excesses of feeling, this governing and protecting principle is lost, disease developed, and the mind in ruins, one of the sad and fearful results. Is not the conclusion, therefore, justifiable, that our form of government, with the habits of our people, is calculated to increase rather than diminish the frequency of insanity—especially when we reflect that the causes referred to are acting upon ill-balanced minds and misproportioned characters, the effects of inefficiency of the intellectual and moral powers, with those not favored with good opportunities in early life, and their misdirection with those who enjoyed better advantages?"

VIII. *Fourth Biennial Report of the Trustees of the Illinois State Hospital for the Insane, December, 1854. Jacksonville, 1854.*

Dr. Andrew McFarland, formerly of the New Hampshire Asylum for the Insane, entered upon the discharge of his duties as Superin-

tendent of this institution on the 16th of June, 1854. The Medical Report is therefore made after a service of only six months, although embracing the operations of the Hospital for the period of two years, ending Nov. 30th, 1854.

At the date of the last Report there remained under treatment eighty-two patients; two hundred and sixty-five were admitted, making the whole number treated from December 1st, 1852, to December 1st, 1854, three hundred and forty-seven. During the same period one hundred and eighty-one were discharged, leaving one hundred and sixty-six in the institution. The general results afforded by the records differ little in any particular from other state institutions in the country. The bodily health of the inmates has been generally good, and no epidemic prevailed, although during the summer of '54 the danger seemed imminent from the frequent occurrence of cases of cholera in the neighborhood. The instances of mortality mainly occurred among those exhausted by long-continued mental disease.

It is known to most of our readers that this institution has recently been the scene of intestine troubles, which, we are led to infer, have called forth from the Dr. McFarland the following remarks:

"It is hoped that the Superintendent will not be considered as transcending his proper subject in the suggestion, that nothing can serve to insure the future prosperity of the institution more than the strict maintenance of a vigilant supervision of its affairs on the part of its Trustees. It would seriously imperil the brightness of its prospects, if the Board, trusting too confidently in its organization, should abandon anything of its present watchfulness. At this period, the public confidence in hospitals for the insane has reached what appears to be almost an extreme point. The rapidity with which they have sprung into existence for the last ten years has not diminished the crowd that perpetually presses at their doors for admission. While this proves that the earlier prejudices which existed towards such institutions have yielded to the better information of later times, it also shows how readily those bound to the unfortunate by the ties of kindred and affection unloose those obligations and commit the stricken sufferer to the keeping of the stranger. This is a fortunate state of things for those chiefly concerned; for, without question, when mental derangement has continued for any considerable period, the obligations of kindred are less reliable than those imposed on individuals under public surveillance and provided with the proper appliances. In this fact lies the great responsibility attending the management of the associated insane. The skill, sagacity, prudence, and other moral qualities of a single individual must supply that for which the ties of blood and affection on the part of hundreds have been found insufficient. The difficulty of the case is increased by the fact that an interested public, instead of maintaining institutions for the custody and relief of the insane under a steady and well-regulated inspection, too often neglect them altogether,

till some accidental circumstance throws their affairs open to the public eye, and leaves them exposed to a severity of opinion, which is the more extreme in proportion to its past leniency. Institutions like ours, yet in their infancy, and situated amid a population not thoroughly familiar with insanity and its medico-legal relations to society, are less imperiled by such liabilities than those which have their existence in older communities. The period arrives, sooner or later, when public sentiment becomes fully alive to the importance of the functions which they assume. From being regarded merely as 'hospitals' for the cure of disease by medical agencies, their equally important uses as places of detention for those improper to be at large become developed; and it is a danger that with this discovery an undue sensitiveness becomes manifest lest such a delicate trust as the inhibition of personal liberty be abused. These responsibilities, which are unavoidable by those who become the custodians of the insane, and the severe requirements of an enlightened public sentiment, render it necessary that, while an institution is at the flood-tide of prosperity and public confidence, it should maintain in its affairs all those safeguards which would protect it from the hasty and adverse impulses which are apt to succeed excessive popular favor. There are some similar institutions to this in this country, which have, ever since their foundation, seemed to float on a tide of unbroken prosperity. No breath of public censure has assailed them, the organization of their several corps of officers has remained for a long succession of years unbroken, and the pursuance for so long a time of a fixed policy has given them a high rank among the benevolent institutions of the world. The chief secret of this success has been the close supervision maintained over their affairs by the boards of management. If an institution is well conducted, it is worth an effort to keep assured of the fact; and if it is not, no long time should be permitted to elapse before the obstacles to its success are removed."

Although these remarks have, in the report before us, a local reference only, they are capable of a more general application. The modern views now very generally received in reference to the relative duties of the managerial and professional officers of asylums for the insane, have, without doubt, formed the basis of the great improvement in these institutions which the last thirty years have witnessed. Medical officers, freed from useless restrictions, have been left to the guidance of their own judgment and experience, manifestly to the advantage of both institution and patient. But this element of success may be allowed to degenerate into a source of danger. In those of our state establishments for the reception of the insane, where the trustees or managers hold short terms of office, the apparent prosperity of the institution whose affairs are intrusted to them is apt to lead to a superficial attention to the discharge of their duties. While in the enjoyment of uninterrupted public confidence and seasons of prosperity this inattention may not seem detrimental; but there may be times in the history of any asylum, when the habitual, regular, and close supervision of its

affairs, on the part of its board of management, may prove a safeguard, not only to the institution but to the officers themselves. We agree, therefore, with Dr. McFarland in the importance he attaches to this subject.

In the following extract we have reference to a very interesting association, peculiar, we believe, to the Illinois Hospital.

"Another feature in the experience of the Hospital for the past year, too interesting and too important to be passed without notice, is the formation, on the part of the ladies of Jacksonville, of a benevolent association having for its express object a regular and stated visit to the institution on the Saturday of each week, by a committee assigned in rotation. This society, appropriately styled "The Dix Association," we regard as a conception of the most happy kind, and its operations have been peculiarly promotive of the welfare and happiness of the unfortunate persons for whose benefit it was instituted. We earnestly hope that the zeal and faith of the society may be sustained, fully believing that its formation is an important era in the history of the institution."

IX. *Annual Reports of the Commissioners and Superintendent of the Indiana Hospital for the Insane, to the General Assembly. November, 1854. Indianapolis, 1854.*

The annual statistics of the institution, as presented by Dr. James S. Athon, the Superintendent, are as follows :

	Males.	Females.	Total.
Whole number of patients in the Hospital at the close of the year ending Oct. 31st, 1853,	78	85	163
Admitted during the past year.....	83	86	169
Number under treatment during the year....	161	171	332
Total discharged during the year.....	88	84	172
Remaining, October 31st, 1854.....	73	87	160
Of those discharged there were,—			
Recovered.....	59	55	114
Improved.....	12	11	23
Unimproved.....	12	10	22
Died.....	5	8	13
Total.....	88	84	172

"The inmates have been unusually healthy during the year. Few cases of summer or autumnal disease have occurred, and at this time there is not a single case of sickness in the house, except what accompanies insanity. This may be considered very remarkable, as it is rare

you can find over two hundred persons congregated for months and years together without having several members complaining of some physical disease. But here there are none ; indeed, there has been very little disease of any kind the past year, and as a proof of this statement the records of the Hospital show but thirteen deaths for the twelve months, out of three hundred and thirty-two patients treated."

In the cases terminating fatally the causes of death were as follows : typhomania, three ; general paralysis, maniacal exhaustion, pulmonary consumption and scrofula, each two ; *tabes mesenterica* and *erysipelas*, each one.

Amusements, social parties, and games of every description have been resorted to successfully as a means of recreation, and also made available in treatment.

"CELEBRATION OF MAY-DAY.—A banquet was given and the day celebrated by our inmates with as much parade as is usually manifested upon such an occasion. The searching for flowers, the making of wreaths, the crowning of the May Queen, and the interchange of bouquets and salutations, occupied and engaged their attention for hours.

"FOURTH OF JULY CELEBRATION.—The second annual celebration at the Hospital, of American Independence, was attended, like the first, with the happiest results ; above a hundred patients participated in the festivities of the occasion and enjoyed themselves beyond calculation. Those who, from physical and other causes, were unable to join with the more fortunate in the grove, were abundantly supplied with refreshments at their rooms. The day was delightful, and all went on well. By the kindness of our estimable friend, the Rev. Sydney Dyer, who attended on the occasion, prayer was offered to Almighty God for His blessings, temporal and spiritual. Dr. Elliot read the Declaration of Independence, and Dr. Torbet delivered an appropriate and interesting address."

In common with several other state establishments for the reception and treatment of the insane, the Indiana Hospital is laboring under the serious inconveniences and embarrassments attendant upon the unfinished condition of the building. Although six years have elapsed since the first patient was received, we find in the Report an appeal to the Legislature for an appropriation to commence and complete the *north* wing, which has already the foundation dug, and two thousand dollars worth of material on the ground, which is becoming injured by the delay ; and the Superintendent hopes, "with the proper means at command, to have the *south* wing in complete readiness for the reception of patients by the first of March next."

The Superintendent joins the Commissioners in urging upon the Legislature the immediate completion of the building, and in doing so

presents the claims of the very large number awaiting, in jails and poor-houses, a favorable opportunity for admission into the Hospital; and of others scattered through the state he remarks, "I am in almost daily receipt of letters inquiring when room can be made for patients, perhaps pent up in some out-of-the-way house, wallowing in their own ordure, uncared for, objects of the most anxious solicitude to friends, and terror to neighbors."

X. *Sixteenth Annual Report of the Board of Trustees for the Benevolent Institutions, and of the Officers of the Ohio Lunatic Asylum, to the Governor of Ohio, for the year 1854.* Columbus, 1854.

In May, 1854, Dr. E. Kendrick, the Superintendent, and his Assistant Physicians, tendered their resignations, to take effect on the 1st of July succeeding. Their resignations were accepted, and at the semi-annual meeting of the Board in June, George E. Eels, M. D., was appointed Superintendent, and Andrew McElwee and William R. Thrall, M. D., Assistant Physicians.

The institution has been favored with perfect immunity from all epidemic disease throughout the year. Although cholera prevailed extensively in the neighboring counties and villages, the Asylum was entirely exempt from its influence, giving satisfactory evidence of a healthy location and judicious hygienic regulations.

The subjoined tabular statement exhibits the operations of the institution for the year ending November 15th, 1854.

	Males.	Females.	Total.
Number in the Asylum, November 15th, 1853,	115	138	253
Admitted in two years	113	133	246
Total number treated	228	271	499
Discharged during two years	106	132	238
Remaining, November 15th, 1854	122	139	261

Of those discharged, one hundred and thirty were recovered, twenty-nine improved, fifty-seven unimproved, and twenty-two died. The causes of death in the cases terminating fatally were as follows: phthisis pulmonalis, five; maniacal exhaustion, seven; pneumonia and chronic diarrhea, each three; suicide, exhaustion from journey, structural disease of the brain and hydro-thorax, each one.

The medical history of the institution is thus given by Dr. Eels:

"Since my connection with this institution, nothing has occurred in this department worthy of particular notice. In July many of the

inmates were affected with simple diarrhea, which was readily controlled by the usual means. During the months of August and September the intestinal disorder assumed more aggravated forms. Bilious diarrhea and dysentery supervened. This, in every instance, subsided under the usual mild alteratives, such as blue mass, hyd. cum creta, with anodynes, conjoined with perfect rest and a mild, fluid diet.

"We had also, during the same time, twenty-seven cases of fever; seven of these were intermittent, nine remittent, and eleven continued. The two former varieties were very mild, and yielded readily to the use of anti-periodic remedies. The continued fever was of an *asthenic* character, and distinct from the other two varieties. It yielded neither to the tonic, alterative, nor anti-phlogistic course of treatment, but continued uninterruptedly to run through a certain cycle of changes, and finally, at the expiration of from two to three weeks, slowly convalesced. This disease had not the well-defined symptomatology of typhoid fever. The surface was hot and dry, tongue moist and clean, pulse frequent, soft, and small; diarrhea was not generally a troublesome feature, although occasionally present. There were not present, 'the lenticular rose spots,' the tympanitis, the dry mucous surface covered with sordes, nor the low muttering delirium, so peculiar to typhoid fever.

"This fever was treated by enjoining rest, acid drinks, rice water for nourishment, frequent application of tepid water to the surface, with alkaline diuretics, diaphoretics, and occasional anodynes. Experience has taught me that diseases of this character are the most successfully treated when no violence is done by medication to any of the centers of organic sympathy.

"The treatment of insanity proper has not differed materially from the course now most generally approved and adopted in all similar institutions. The non-restraint system is continued, so far as it can be with safety to the patient and others. Constant occupation of the mind, either by work or amusements of various kinds, is insisted upon. Perfect regularity of habits, both in their physical and mental exercises, has seemed to produce decidedly beneficial results, substituting, as far as possible, for their fixed or variable hallucinations a systematic and rational train of thought.

"When the patient is laboring under functional organic disease of any of the viscera, such a course of medication is pursued as is calculated to restore the same to healthy condition, which, when obtained, often effects a perfect restoration of the mind."

XI. *Annual Reports of the Officers of the Insane Asylum of the State of California, for the year 1854.*

The Asylum at Stockton has been enlarged during the past year by the erection of a main or center building, seventy feet square and three stories in height, and the grounds have been inclosed with a suitable fence. These improvements will increase the appliances necessary for the proper care of its inmates; but much still remains to be done. The Board, in referring to these inconveniences, state, that "the only

kitchen the Asylum ever had is a small one-story, wooden building, containing a room not much larger than the kitchen of private dwelling-houses. As for a dining-room, the wooden building which contained a small one for the male patients has been removed from its former site to make room for the main building lately erected, and appropriated to the female patients. On the removal of this building, the Board caused a long shed to be built from rough, red-wood boards, inclosed on the sides, and with a floor for the purpose of a dining-room for the male patients, which answered the purpose very well until the rainy season commenced, when, for want of a better place, the long tables were placed in the hall of the second story of the wing—an improper place, as it disturbed the sick, besides being very inconvenient." They also remark, "Great credit is due, both to the officers and inmates of the institution, who have cheerfully, since its foundation, endured such inconveniences as have never before been experienced by similar institutions."

Dr. Robert K. Reid, the resident physician, presents the usual statistical tables for the year, which are as follows :

	Males.	Females.	Total.
Number in the Asylum, Dec. 31st, 1853.....	93	10	103
Number admitted.....	179	23	202
Whole number treated.....	272	33	305
Number discharged.....	152	19	171
Remaining, Dec. 31st, 1854.....	120	14	134

Of the one hundred and seventy-one discharged, one hundred and fifty (one hundred and thirty-two males and eighteen females) are reported recovered, and twenty males and one female have died. The diseases which proved fatal were as follows: typhoid fever, three; epilepsy and dysentery, each four; acute mania, mania-a-potù, erysipelas, dropsy, and ramollissement, each one.

The general health of the establishment has been good. No epidemic, and no acute disease of any kind unconnected with the brain prevailed to any extent.

In connection with the subject of the general health of the house, the following remarks on the climate of the Stockton and San Joaquin Valley will be of interest.

"The temperature is regular and equable, and the extreme heat modified by a constant sea breeze from the north-west during the day, in the dry season, and cool winds from the mountains during the night.

"The coldest month was January; the mean temperature being at 8 A. M., 34 degrees; at 2 P. M., 58 degrees; and at 8 P. M., 40 degrees.

"The warmest month was July; the mean temperature at 8 A. M., 69 degrees; at 2 P. M., 90 degrees, and at 8 P. M., 73 degrees.

"The coldest morning was January 20th; the thermometer standing at 18 degrees.

"The coldest noon was January 20th; the thermometer, 36 degrees.

"The coldest evening was January 20th; thermometer, 24 degrees.

"The warmest morning was July 23rd; thermometer, 78 degrees.

"The warmest noon was July 8th; the thermometer 98 degrees.

"The warmest evening was July 15th; thermometer, 80 degrees.

"There were only 67 cloudy and rainy days in the whole year; the remaining 298 days were clear and cloudless, with a bright sun.

"The whole amount of rain during the year was 19 1-5 inches.

"1854 has been the coldest year, and January the coldest month, in this state since 1849."

The temperature of the climate is so equable, and the atmospheric changes so regular and gradual, that they exert but little influence in the production and development of disease.

The table of nativity shows the peculiar character of the population, from which the patients at this institution are received—in the words of Dr. Reid, a "perfect conglomeration of different people and nations, without fusion or assimilation—Americans from every state in the Union, foreigners from nearly every government in Europe, from South America, from Asia, and from the Islands of the Pacific. Nine Africans were also admitted into the institution."

No less diversity characterized the occupation of those received; the larger proportion, of course, were miners. The causes productive of insanity in the three hundred and five cases treated during the year are, in connection, equally suggestive. Thus fifty-one cases are attributed to domestic affliction and pecuniary and political disappointment; eight to desertion of wife, husband, or mistress; two to sudden wealth; and forty-five to intemperance in one form or another.

XII. Reports of the Board of Commissioners, and of the Superintendent of the Provincial Lunatic Asylum of New Brunswick, for the year 1854. Saint John, 1855.

The operations of this institution, also, have been much embarrassed by the unfinished state of the building. A new wing has been added, but being unprovided with proper heating apparatus, it was, for all practical purposes, useless. As a temporary measure, stoves, &c., were purchased at a "considerable expenditure," but they were wholly insufficient to make the numerous rooms fit for the occupation of patients. Notwithstanding these numerous inconveniences, Dr. Waddell, the Medical Superintendent, is enabled to present a very favorable report.

At the commencement of the year there were one hundred and twenty-seven patients in the institution: one hundred and eight were admitted, making the whole number treated two hundred and thirty-five. Of these there have been discharged and died one hundred and four, leaving one hundred and thirty-one still under treatment.

In the first six months of the year there were five deaths—three from consumption and two from exhaustion from chronic insanity. During the last six months there were twenty-one, eight from exhaustion from chronic insanity, three from consumption, three from diarrhea, two from dysentery, and one each from epilepsy, epileptic fit, general paralysis, paralytic seizure, and acute mania.

From the medical history of the year we make the following extract:

"The leading event of the year is, that cholera was in the city and neighborhood around us, and that we escaped. On its approach, our first duty was to *see* that, beyond doubt, the premises in every part were as nearly as possible in a state of thorough cleanliness. Great attention to diet was observed, bread was substituted for vegetables, attendants were induced to remain at home, and the whole household, as far as possible, was isolated from the scenes of distress reported in the vicinity. By these means we secured pure air and wholesome diet, and to a very large extent the minds of patients and those in charge were quiet and steady; and, by unremitting supervision, to detect at the earliest moment the existence of bowel complaint in any form, that it might be promptly met, we were so fortunate as to have no symptoms peculiar to Asiatic cholera.

"At the time cholera prevailed, and for weeks after it had passed away as an epidemic, the digestive organs of the whole household were in a highly irritable condition. In many cases diarrhea and dysentery were developed, in others irritability induced discomfort, and in all the vital powers were lowered; and those who were before much exhausted from chronic ailments, as the season advanced, one after another gradually yielded to the complicated causes of depression, and finally sank."

The Report closes with a summary of Dr. Waddell's observations upon the various systems of warming and ventilating, and architectural arrangements of several of the larger institutions for the insane in the northern part of the United States. The object of his visit, made in the spring of 1854, was to obtain information on the subjects of general organization and management, and upon points having special reference to the Asylum at Saint John. The communication is addressed to the Chairman of the Board of Commissioners, and embraces many useful suggestions and conclusions which, if acted upon, cannot but prove of great advantage to the institution.

ARTICLE VII.

EDUCATION OF IDIOTS AT THE WEST.

Under the impression that the condition of the idiot was fixed, and that misery and helplessness were the unalterable lot of that unfortunate class, philanthropy attempted but little in their behalf, until about fifty years ago, when mere accident showed that they were capable of instruction and improvement. Itard, in France, was the first to demonstrate by personal observation and effort that they could as a class be benefited by education. To Dr. Edward Seguin, the pupil and friend of Itard and Esquirol, whose valuable services were temporarily obtained for the Experimental School in Massachusetts, is due the credit of first systematizing the educational means in the case of idiots. In 1828, M. Ferrus established a school in Paris, and Voisin established still another in 1839.

In 1846, by authority of the Legislature of Massachusetts, a commission, of which Dr. Samuel G. Howe was chairman, was appointed to investigate the subject of idiocy in that state, in all its bearings. The result of the labors of this commission was a most able and complete report. In 1848 an appropriation was made to commence the work of instruction, and, three years afterward, a still farther appropriation of five thousand dollars annually was voted to the "Massachusetts School for Idiotic and Feeble-Minded Youth."

In October, 1848, the New York State Asylum for Idiots was opened for the admission of pupils, under the charge of Dr. Hervey B. Wilbur, formerly teacher in a private school for the training and instruction of idiots, at Barre, Mass. This institution, at first located near Albany, has since been removed to a large and suitable building erected at Syracuse, and is now in successful operation.

The matter of idiot instruction is receiving the favorable notice of several legislative bodies at the West, and it is to be hoped that every state will make early and liberal provision for this hitherto neglected class of its citizens. The attention, both public and professional, which has been awakened in regard to this subject will, we think, give special interest to the following extract from the report of Dr. William S. Chipley to the Board of Managers of the Eastern Lunatic Asylum, at Lexington, Kentucky.

As will be observed, the remarks were called forth in their present

At the commencement of the year there were one hundred and twenty-seven patients in the institution: one hundred and eight were admitted, making the whole number treated two hundred and thirty-five. Of these there have been discharged and died one hundred and four, leaving one hundred and thirty-one still under treatment.

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As will be observed, the remarks were called forth in their present

connection by an unfortunate law of the state, which permits the admission of idiots into its asylum for the insane.

"There is one class of persons frequently committed to the Asylum, as provided by law, in whose behalf I esteem it a duty to appeal to the humanity and generosity of the Commonwealth. I allude to idiots, of whom, according to the census of 1850, there are seven hundred and ninety-six in the state. Doubtless this is far short of the true number. The attention of your board has been heretofore directed to the manifest evils resulting from the promiscuous mingling of these persons with the insane. As early as 1848 you say: 'We are sure that every one having any experience on this subject will testify, most strongly, against the evil effects of such unions, and the injurious consequences of such association to the lunatic.' And you state very correctly the circumstances under which these persons are generally sent to the Asylum: 'Whenever an idiot becomes so utterly diseased and helpless that no one will support him for the fifty dollars allowed by law, he is sent to the Asylum.' These are, in truth, the most degraded, filthy, and offensive objects committed to our care.

"But there are other, and infinitely higher, considerations demanding some special provision for idiots. Now we seek to minister only to their physical wants; we regard and treat them as inferior animals, incapable of improvement, and for whom charity has no other boon than what is necessary to sustain animal existence. Until recently, no one contemplated the possibility of putting in practice any system of training and cultivation calculated to elevate them from their deplorable condition, and to render them useful and respectable members of society. Yet this may be done, as has been demonstrated by numerous trials in this and other countries. The practicability of educating idiots being proved, it imposes a duty, than which I can conceive of none that presents itself with higher claims to our sympathy and Christian humanity.

"In their untutored state, idiots are among the most disgusting and revolting objects, and, what is their greatest misfortune, their condition is looked upon as one of utter hopelessness; and hence, no general effort is made to cultivate the limited intellect they possess, or to improve their condition by a patient inculcation of habits that would render them useful to society, and enable them to pass through life, not only free from the revolting aspect they usually present, but really respectable. At present they are a very considerable burden to the state, and a still greater one to society; and as they are now regarded and treated, this burden is to be borne as long as they live. Kentucky has made wise, humane, and liberal provisions for the welfare of every other

class of her unfortunate people; the dumb, the blind, the insane have long since enlisted our liveliest sympathies, and the most generous means have been supplied to alleviate their unhappy condition, to contribute as far as possible to their happiness, and to put many of these unfortunates in a position to earn their own support. Ought not as much to be done for the idiot? No one will hesitate to answer this query in the affirmative, when assured of its practicability; and we are confident it has not been done already, simply because it was not known to be attainable.

"Isolated, generous, but not very well-directed efforts were made to improve the condition of idiots, many years ago, by Itard and others, and with more or less success; but the practicability of educating them has been fully demonstrated within only the last quarter of a century. Within this period it has been proved beyond question, that, by proper training, idiots may be raised from their miserable condition, and taught to appreciate the ties that bind society together, to discard their foul and brutish habits, to exercise self-control, and to respect and practice the duties and virtues that devolve on rational man. All this, and even more, has been accomplished by a few noble and philanthropic spirits, who have earnestly and zealously sought to develop these masked and despised intellects. Some, who under other auspices would have gone groveling through life, the objects of loathing and disgust, have made considerable attainments in learning; many others have been taught to read and write, and to appreciate the value and use of figures; and still others are now earning a respectable living in mechanical pursuits, which, a few years ago, would have been thought infinitely above their capacity. Voisin, Valle, and Sequin, in France; Guggenbuhl, in Switzerland; Sargert, in Prussia; Drs. Wilbur, Brown, Howe, Richards, and others in our own country have labored in this field of noble enterprise, and have opened a new world to many who, without their teachings, would have lived subject only to animal propensities, and have died without having experienced the thrill of a single ennobling thought, or practiced from correct motives a single virtuous act. I beg to refer you to the interesting observations of Mr. George Sumner, who paid considerable attention to the education of idiots, as practiced in Paris. He says: 'Fortunately for the poor idiots, the error of those who denied them all intelligence, and pronounced them incurable, has been proved, the interdict against them removed, and the fact triumphantly established, that, however degraded their condition, however devoid of all human faculties they may seem to be, they carry with them the holy spark which intelligent sympathy may influence. During the past six months I have watched with eager interest the progress which many young idiots

have made in Paris, under the direction of M. Sequin, and at Bicêtre, under that of MM. Voisin and Valle, and have seen, with no less gratification than astonishment, nearly one hundred fellow-beings, who, but a short time since, were shut out from all communion with mankind,—who were objects of loathing and disgust, many of whom rejected every article of clothing, others of whom, unable to stand erect, crouched themselves in corners and gave signs of life only by piteous howls, others in whom the faculty of speech had never been developed, and many whose voracious and indiscriminate gluttony satisfied itself with whatever they could lay hands upon—with the garbage thrown to swine, or with their own excrements—these unfortunate beings, the rejected of humanity, I have seen properly clad, standing erect, walking, speaking, eating in an orderly manner at a common table, working quietly as carpenters and farmers, gaining by their own labor the means of existence, straining their awakened intelligence by reading one to another, exercising towards their teachers and among themselves the generous feelings of man's nature, and singing in unison songs of thanksgiving. It is a miracle! you will exclaim, and so indeed it is—a miracle of intelligence, of patience, and of love. When I expressed to the teacher of the school at Bicêtre, M. Valle, my gratitude and my surprise at the result of his efforts, his reply was as profound as it was beautiful and modest: "*Il ne faut, Monsieur, que la patience et le desir de bien faire.*" Patience and the desire to do good are all that are necessary. More than this is necessary, and I felt bound to complete his sentence by adding to it the noble motto which Don Henry of Portugal engraved on his shield, and by his conduct justified so well: "*Le talent de bien faire.*" Patience, and the talent, as well as the desire, to do good, are all required; but these can all be found in the community where Laura Bridgeman has been taught; and the possibility of success now fully established, it would be an insult to Kentucky to suppose that she will not be among the first to make those efforts for her idiot population which many European states are already commencing.'

"These wonders, however, cannot be developed,—these miracles cannot be wrought to any considerable extent by individual effort. The state must come to the aid of these despised and neglected children of misfortune. Early, systematic, and unremitting training is necessary to accomplish the surprising and almost incredible results that have been witnessed in the schools for idiots in this and other countries. Experience, patience, an unflinching devotion to the cause, are qualities absolutely demanded to insure success. These qualities are rarely found among the rich, and if found among the poor, the necessary leisure

would be wanting to enable them to put them to the test. Schools devoted exclusively to the training and instruction of idiots can alone effect anything of moment in this humane cause. Few whose days are imbittered by hourly observing the disgusting habits and brutish propensities of an idiot child can command the services of competent teachers; nor do many of them ever dream of the possibility of raising their beloved child to the level of the mass of mankind in all those habits which characterize rational man. A pittance is now granted by the state to minister to the mere animal wants of idiots; but how much nobler would be the effort, and how much more economical would be the result, to school them to self-respect, self-control, and usefulness! Will Kentucky lag far behind the despotic governments of Europe, of Massachusetts, New York, and Pennsylvania in this, by no means the least of all the great enterprises which the wonderful discoveries of the present century have given birth to? Will her aid be invoked in vain? Her people have never turned a deaf ear to any appeal in behalf of the cause of general education; they have ever shown a willingness to tax themselves to any extent to educate the rising generation; and it cannot be that they will refuse their aid to replace 'moping, muttering, groveling idiots' with respectable, intelligent, and useful men and women.

"But, on the lower argument of economy alone, it would seem to be advisable for the state to change her policy in regard to this truly unfortunate class of her citizens. During the past year 437 idiots have been pensioners on her bounty, towards the maintenance of whom there has been paid from the treasury the sum of \$21,850. Add to this large amount incidental expenses, as for their burials and the cost of maintaining the same class of persons in the two lunatic asylums, and we have at least \$25,000 appropriated in one year for the mere purpose of sustaining miserable existences. The number of these pensioners will probably increase annually, and bring with it a corresponding drain upon the treasury. Now, this large sum would be more than sufficient to school every idiot in the state, of a suitable age for education, putting almost all of them into a condition to earn their own support. Thus, in the course of a few years, the older pauper idiots dying off, all state aid may be properly withdrawn from such as failed to avail themselves, at the proper age, of the benefits of the school.

"The question, then, in a pecuniary point of view, is manifestly between supporting idiots, when young, for a term of years, and preparing them to earn their own subsistence in some useful employment, or contributing large sums to a greater number of disgusting and revolting objects during life. No one can fail to perceive that the former course will be much the most economical, as it is undoubtedly

the most humane and generous. It is a plan for ennobling our species; for imparting dignity to naturally the most abject and wretched of the human family; for rendering useful and productive the most indolent and wasteful of mankind. Inasmuch as it has been demonstrated, elsewhere, that the idiot is not wholly destitute of intellect,—that none are so low in the scale of humanity as to be incapable of training to a comparative degree of comfort and happiness, while the majority may be schooled to take the place of ordinary minds in society. I have endeavored, briefly, but earnestly, to place before you their claims to the fostering care of the public. I would that they had an abler advocate, who could paint in livelier colors their present deplorable condition, and the bright and beautiful world which may be created for them by the fiat of the constituted authorities of the state. Feebly as I have presented the subject, I trust that enough has been said to awaken attention to it; and I am confident that the more it is investigated, the more wonders will it display, the more popular will it become, until, ultimately, I am sure, ample provisions will be made for the proper instruction of every idiot within our borders. It will be one of the noblest achievements of the state—the brightest ornament in our system of public instruction.

“The munificent aid given to common schools in Kentucky is important, but not absolutely indispensable. Most of those taught in these schools would obtain some sort of education without such aid; but it is quite different with the idiot; they cannot be taught in our common schools; peculiar means and appliances are required to enable the teacher to reach the feeble intellect with which they are endowed; physical education must go hand-in-hand with mental cultivation—strict and unrelaxing discipline is one of the chief elements of success. And then extraordinary qualifications are requisite on the part of their teachers; they must be gifted with generous and humane hearts, with energy that cannot be subdued, and perseverance which no discouragements can arrest. All these means, so necessary in any attempt to arouse and strengthen the dormant faculties of the idiot mind, can be commanded only in a well-regulated public institution under the direct patronage of the state.

“I repeat, the measure is one that will grow upon the affections, and become more popular as it is better understood, and the good it is capable of accomplishing is correctly appreciated. Such has been the result wherever the system has been fairly tried. Two years' experiment, on a small scale, in the great State of New York, resulted in the erection of a State Asylum at Syracuse. This institution now contains eighty patients, all of whom are instructed in reading, writing, and

ciphering, so far as their constitutional and intellectual strength will admit. Experimental schools have been elsewhere followed by permanent and well-endowed institutions; and the education of idiots is now the settled policy of many European governments, as it is of at least three of the states of this Union. May Kentucky soon be found emulating their noble example!"

The subject of idiot instruction has recently been introduced, in a most interesting manner, to the notice of the Legislature of Ohio, by Dr. Wilbur, Superintendent of the New York State Asylum for Idiots. He detailed to that body and the citizens of Columbus the mode of instruction adopted, and demonstrated the astonishing progress in reclaiming these unfortunates from their moral and intellectual darkness, by an exhibition of two pupils who had been under his management about four years. They had been selected from a class presenting the least hope of improvement; they were, when first placed under tuition, respectively six and eight years of age, driveling and helpless, unable to talk, making only inhuman sounds, unable to walk, from partial paralysis, apparently knowing nothing, even the hand from the foot. Their proficiency had been such, that they exhibited a better knowledge of spelling, writing, geography, grammar, and arithmetic than many children taught in the best schools, for only that period, and commencing with the alphabet. Dr. Hills, editor of the *Medical Counsellor*, who gives an interesting account of this exhibition, remarks: "Notwithstanding the unmistakably idiotic form of the heads, the actions, and manners of these youths, the exhibition of mind and intellect, in their exercises in orthography, geography, and arithmetic, even to the extent of readily solving questions in *fractions*, seemed to make it perfectly absurd to call them idiots, and difficult to comprehend that they ever were. It would seem rather that the organs of the mind had been simply torpid, or at rest, which only needed *awakening*. Practically, we have no doubt this is the case, whatever the theory of idiocy may be."

There are, undoubtedly, several hundred of these *sleeping intellects* in the state of Ohio, without an effort being made in probably a single case to awaken them or alleviate their helpless condition; and the hope is confidently indulged that the present Legislature will take the initiative step in their behalf.

SUMMARY.

RESIGNATION OF DR. BELL.—The retirement of Dr. Bell from the medical superintendence of the McLean Asylum, which he has conducted with signal ability and success for nearly twenty years, is officially announced in the last Annual Report of the Trustees. The number of patients has nearly trebled under his administration, and the institution has gained a high and wide-spread reputation. His skill, kindness, and care, his activity, decision, and fertility of resources, have been conspicuous in his management of the patients; his quick perception and uniform courtesy have given him that influence over their friends which is one of the first requisites for the successful treatment of the insane; while his weight of character has won the confidence of the community, and preserved the Asylum, in a great measure, from that suspicion and obloquy to which such institutions are peculiarly exposed.

In the subjoined extract from his Report to the Trustees of the Asylum, Dr. Bell communicates his intention of withdrawing from the position he has so long and ably filled. His remarks are replete with valuable suggestions, and will be read with interest.

I communicated to your Board, several months since, my intention not to be a candidate for re-election to the office which I have held by your appointment for so many years. Having made my arrangements to retire to a spot not far distant, where I shall have the happiness of opening my eyes each morning on this blessed institution, and feeling that my own happiness will be intimately connected with witnessing its continued prosperity, I hope hereafter to be no stranger within its walls; hence I feel that no melancholy valedictory is required, or would be in keeping with the occasion of my handing over this charge to another. I will only say that, as far as I know, I leave this Asylum prosperous in its own affairs, and amply possessed of the confidence of the community. I leave it with a heart grateful to that superintending Providence which shielded me for so many years from those bereavements and that ill health which have of late overwhelmed me, so that I have been enabled to do something for those placed under my care, as well as for the general cause of the insane over our country; grateful

for the uniform support, the indulgent forbearance, the kind sympathy in my many trials, of the members of your Board, present and past; grateful to the medical profession, whose cheerful and ready confidence and uniform courtesy are and ever will be very dear to my memory; grateful to a community which has, in the various attacks to which this and all such institutions are ever liable from the mistaken, the ungratified, and the malignant, sprung promptly to our relief, rendering explanations and defenses superfluous; grateful to a long line of recovered patients, of both sexes, whose kindly recognition of our efforts has inspired new activity and made labors pleasant, however in themselves anxious and exhausting; and lastly, grateful to those associated with me in various capacities—most of them for many years, and some during my entire service—in the discharge of our holy functions. I can mark the day of my leaving these walls with a "white stone," and enter again the world without one feeling other than that of kindness and good-will to all mankind.

The experience of the nineteen years since I was called unexpectedly to the superintendence of the McLean Asylum, without application on my part, or knowledge that I was thought of for the office, an entire stranger to every member of the Board, and almost equally a stranger in the Commonwealth, has not passed, I trust, without adding something to the common stock of knowledge of the treatment, moral and medical, of insanity. The experience of this institution, almost the earliest of the curative hospitals of the land, has been most freely shared with those which have been added successively to the long roll now extending from Maine to California. Christianity can hardly show a mightier triumph than the fact, that, since the brief date just named, the number of hospitals for the insane, in the United States, has increased from half a dozen to between forty and fifty, and the accommodations for patients have risen from about five hundred to between ten and eleven thousand. Even the four larger British Provinces adjoining us have caught the influence of our zeal, and each of them has, during that period, provided itself with a large and well-furnished institution, essentially upon our models.

While the moral treatment of the insane, in its great principles, was as well-established half a century since as at this hour, the means of carrying out the highest forms of such treatment have been constantly augmenting, because their necessity has been more and more recognized by those on whom hospitals depend for support. The only limit now seems to be in the ingenuity and industry of those who have the charge of applying those means. While many things which promised well in words and in theory have been tried, some of the most lauded

have so far failed as to be abandoned by the wise and judicious. The character of the patients at different institutions obviously requires differences of moral treatment; and this may change in the same institution. For example, mechanical and agricultural labor, which was foremost in the moral appliances of this Asylum, has long since been abandoned, because the class of sufferers has entirely changed since the establishment of so many hospitals around us.

The trial was made here for several years, of the entire disuse of all forms of muscular restraint. Much was said and vaunted of this experiment elsewhere, and it was thought well to give it a full trial. The result was a conviction that no such exclusive system was, here at least, compatible with the true interests of all patients.

The experiment was also made here of allowing certain patients, in pretty large numbers, to go abroad on their parole. No accident occurred in consequence, and very rarely was the pledge broken. But, instead of making the patient more contented, and adding to his happiness, the reverse was eminently the case, and the conclusion was forced upon us that almost every patient who was so far disordered in mind as to justify detention at all, was too much disordered for even a qualified liberty.

The intermingling of patients of both sexes, under the eye and supervision of officers and attendants, both in daily religious exercises and on occasions of festivity, was very thoroughly tested in several years' experience. Its inconveniences led, long ago, to its abandonment. Whatever may be the case in other institutions, here such interminglings proved unprofitable and unwise.

Other elements of moral treatment have been verified in our experience, as in all the preceding history of the insane, and the institutions for their relief. The interdiction of the visits and correspondence of friends is ever one of the severest trials of those in charge of hospitals. As the indispensable necessity of such separation was one of the earliest of the recorded facts of medical observation, so it remains true and prominent in every day's experience of every asylum. If the head of an institution can be tempted in any point to yield or evade his convictions of duty, it will be here; for such convictions he must have with his first practical lessons, and they will keep strengthening with each year of experience. He will be pressed to abandon his duty by those who must be assumed to have a far nearer interest in the sufferer than he can have. After earnest and prolonged expositions of his grounds of action, and the results of his often-repeated experimentings, and after the most earnest appeals that the welfare and, perhaps, recovery of his patient shall not be put in jeopardy by any feelings, or false rea-

sonings, or capricious suspicions of friends, he will find fathers and mothers, husbands and wives, brothers and sisters, whose whole knowledge of the subject is bounded by the case in hand, willing and anxious to assume all responsibilities and take all risks, for obtaining this strange gratification. The hospital superintendent who will the most readily yield to such importunities, backed by, perhaps, the most degrading intimations as to the grounds of refusal, will be the most popular. Like the medical practitioner who allows his patient to have his own way as to diet and regimen, he will be deemed and loved as a very indulgent physician. The temptation of the selfish heart to yield, after half a dozen or more pressing solicitations, connected with insinuations which the superintendent is naturally desirous to meet by the easy demonstration of their falsity, is very strong. This fact ought to be recognized by the friends of the patients, and they should respect his judgment when he opposes their wishes at the cost of pain to himself. Yet probably not one person in fifty would ever have a pang at the reflection that his pertinacity had destroyed or materially lessened the chances of restoration to a loved relative!

After a life devoted thus far almost exclusively to this specialty, were there are any one counsel which I would impress on any one who may be called to this trust, it would be to stand firm to his convictions on this greatest item of moral treatment. Receive no patient where only a half confidence in your character as an honest and competent man is extended. Receive no patient whose friends are not fully cognizant of what duty demands of them in the way of co-operation. Thus assuming a sacred trust, discharge it fully by resisting unreasonable demands, or return it to the responsible friends by a dismissal of the patient. And should you live long enough, as I have done, to look over a catalogue of two or three thousand patients who have been under your care, you will be surprised to see how close a relation has obtained between recovery and a full, cheerful, patient co-operation on the part of friends. Such co-operation extends throughout every ward of an asylum. Each attendant, fit by intelligence and zeal for such duties, does not fail to perceive the waste of bestowing labor where the superstructure is at intervals to be dashed to the ground; and it is not in human nature to re-engage with earnestness and spirit in a task sure to prove abortive.

An erroneous impression prevails as to this system of separation from old associations calculated to keep fresh the disease. That is spoken of as a general rule which in fact is only applicable and applied to the probably recoverable classes of patients. Where a case is deemed

beyond cure, or is here merely for custody and as much comfort as possible, no objection is made to the correspondence or visits of proper friends. If such visits obviously kindle up the fires of disease, and subject an institution to great disturbance and expense, or, as is often the case, re-awaken a suicidal propensity, and thus involve the necessity of watching night after night, for weeks or months, it is but just that a proper understanding with friends should be had, or further care declined.

About closing my duties in this field, I shall be glad, by leaving a record of these solemn convictions of my best judgment and experience, to strengthen the hands of those who may come after me, in this most perplexing, as it is one of the most momentous incidents of the moral treatment of the insane.

CHOLERA, AS IT PREVAILED IN THE EASTERN LUNATIC ASYLUM, KENTUCKY, DURING THE SUMMER OF 1855.*—About the first of July, cholera invaded the Asylum for the fourth time, and, as heretofore, destroyed a large number of the inmates. Immediately after entering upon the duties of Superintendent, I endeavored to put the institution into the best possible hygienic condition, with a view to the preservation of health during the summer. The new building had but just been completed, and there was an immense amount of old material accumulated on different parts of the grounds; these were removed and, in every possible instance, devoted to useful purposes. As cholera made its appearance in the city at a very early period of the season, I became still more solicitous to put our house in order, and to remove every cause that might be thought capable of favoring the development of this terrible malady. A careful attendant, assisted by a number of stout patients, was constantly employed cleaning, whitewashing, and removing every perceptible source of miasma. All my spare time was devoted to a personal superintendence of this labor, which I regarded as of the utmost importance. At the same time special directions were given to all who had charge of patients, to be more than ordinarily watchful, and to give immediate notice of any tendency to derangement of the bowels which they might observe. There was considerable complaint in this respect during the month of June, which induced me to direct a modification of the ordinary diet; to which, in fact, special attention was given throughout the summer.

About the first of July, to our grief, we were called to minister to a number of well-marked cases of cholera. Apparently they were as

* From the Annual Report of the Superintendent, Dr. W. S. Chipley, to the Board of Managers.

severe as those cases which terminated fatally in the latter part of the month. Several became pulseless and icy cold; the skin was shriveled, the surface of the body blue, the tongue and breath cold; and yet, of some twenty-five cases that occurred between the 1st and 20th of July, not one proved fatal.

From the 20th to the 24th not a case occurred, and we began to felicitate ourselves that the disease had passed away and left us in the enjoyment of perfect health. On the 24th our daily visit discovered but one case of acute disease in the house—a case of consecutive fever. It was, however, but a deceitful calm—before twelve o'clock at night five patients fell victims to that relentless malady, whose mysterious footsteps have more than once encircled the globe, and which has proven to be the most destructive scourge that has ever afflicted our race. I now appreciated the melancholy circumstances in which we were placed, and, by reference to the past, anticipated many of the gloomy scenes we were destined to witness. Every effort was made to prepare for the worst. As the disease became more virulent and fatal, I carefully examined the condition of all the members of our family, and found that several might be at once discharged without detriment to themselves or injury to society, and thus be removed from danger. Most of these had recovered and only awaited the lapse of sufficient time to guarantee that the cure was real and not merely apparent; of the number discharged only one subsequently contracted the disease and died at home. I am satisfied that several lives were saved by permitting these persons to return to their friends; they were competent to appreciate the danger, and gave evidence of the strongest apprehension.

Few of our inmates escaped an attack, and thirty-four perished. It is, however, worthy of remark, that, of all those who were the subjects of the malady before it assumed a malignant aspect, not one suffered a second time. If the disease proved less fatal to the insane this season than in former years, it was quite the reverse with the employees in the institution. Nurses were procured with much difficulty, and not at all until our regular corps of assistants were worn down with fatigue and want of rest, and, when attacked, their powers of resistance seemed to have been altogether exhausted. Of twenty employees we lost seven—two female attendants, one male attendant, the assistant matron, the gardener, the baker, and the watchman. Besides these, several deaths occurred among those who came to our help in the hour of trial, and, as the result proved, periled their lives in the cause of humanity.

Few persons remained in the house twenty-four hours without an

attack. Dr. Steele was occupying the place of our regular assistant, who was absent, recruiting after a very severe attack of typhoid fever; Drs. York, Clark, and Proctor, who had just taken their degrees in Transylvania University; and the Rev. Mr. Adams and Mr. Fox, medical students, with that noble self-sacrificing impulse so eminently characteristic of medical men, immediately volunteered their services, and rendered us valuable aid. Of all these gentlemen, Dr. Clark alone escaped an attack, and one of them, Dr. York, died. Dr. York did not remain in the institution more than twenty-four hours, when he returned to the city, with symptoms of the disease upon him, and died the next day, a martyr to the cause of humanity.

I scarcely know in what terms to acknowledge my obligations to these gentlemen: night and day they devoted themselves to ministering to the sick, and in observing the first symptoms of disease in those who were apparently well. In conjunction with the attendants, they visited all the inmates in their rooms at stated periods during the night, in order to detect the first symptom of the malady, and thus be enabled to meet the disease at the very outset. I have reason to believe that several lives were thus preserved. But a single patient died without treatment and unattended: this person, one of the most miserable at that time in the Asylum, was visited in the regular rounds, as late as at two o'clock, A. M., and neither her appearance nor that of the chamber gave any evidence of the disease, yet she was found dead in the morning, at the usual hour of rising. I allude to this case as an instance of the rapid and malignant character of the malady.

It is proper that I should state, that one temporary nurse died in the institution after several days' service, and that an estimable lady, who took charge of one of our vacant wards, returned to the city, after the lapse of only twenty-four hours, and died the following day; another lady took her place, remained three days, and also returned to the city and died. Thus we lost three attendants from a single ward, while only one patient died in that part of the house.

Three negroes perished in the Asylum, and one who left the house died in the city.

Of all the officers and employees I cannot speak in terms of praise that would be entitled to be considered as extravagant. One only was induced to leave the institution at an early period, but no persuasion could prevail with another to leave his post. Many of them were sought by their anxious friends from the city, and the most earnest appeals were made to induce them to return from the Asylum, but without effect. To such appeals one of them replied: "No consideration would induce me to assume the post I now occupy during the

prevalence of this terrible disease. I now believe I shall contract the malady, and that I will perish of it; but I will not desert the poor creatures committed to my charge. If I must die, I will perish in the faithful discharge of my duty." Such was the self-sacrificing spirit that actuated all, and which entitles them to the highest commendation. He who uttered the noble sentiments I have alluded to met the fate he anticipated—he died at his post, sincerely lamented by all who knew him.

It would be useless to speak of those who died, individually; they were among our most competent, faithful, and conscientious employees. Some of them had been connected with the institution, and approved themselves worthy, for many years—one estimable lady entered our service, from a neighboring state, only a few weeks before her death; all exhibited a heroic devotion to duty, not a shade inferior to that which animates the hero amid the fearful scenes of the bloodiest battle-field.

I have already mentioned to you the names of several patients who were active and zealous during all the period of our distress—for a considerable time three wards were attended, almost exclusively, by these, and I could not but be surprised and gratified with the evidences of judgment and discretion which they exhibited.

The temporary nurses, employed for the special occasion, deserve some mention, as they exhibited more than ordinary courage in assuming their dangerous positions, and were generally faithful and zealous in the discharge of their duties.

The question has been frequently asked, why cholera so uniformly assumes a malignant form, in its visits to this institution. I have sought with great solicitude the solution of this problem. I have looked into the history of the institution as connected with this disease; have carefully inspected every portion of the grounds and buildings; have given special attention to the habits and diet of the inmates; in a word, I have sought for light from every source, and I am thoroughly convinced that the malady is not of local origin. But I am as fully satisfied that there are circumstances at present connected with the Asylum that will ever render this malady more fatal than it would be, if the proper remedies were applied. I have not a doubt that an ample supply of pure, soft water will materially lessen the mortality of cholera, should it ever again visit the institution. We have an abundant supply of water, but it is very strongly impregnated with limestone, and rarely fails to produce severe purging with new patients from other countries. In many cases where a cathartic is indicated at the time of admission, we defer its administration until the effect of the water is

ascertained. In a majority of cases it supersedes medicine. When cholera is produced by that mysterious agency which has, up to the present, eluded detection, it is but reasonable to expect the habitual use of such water to promote the tendency to purging, which is one of the main features of the malady. I have reason to believe that other impurities have found access to the stream, within a very recent period and from a source that cannot be removed but at considerable cost; but there is another method by which the evil may be abated very cheaply. It has been ascertained, by several experiments in different parts of the city, that there is an abundant supply of very pure and delicious water underlying the limestone strata; and there are now several such wells in the city, each of them yielding daily more than a sufficient amount of water to supply the demands of this institution.

THE ABENDBERG HOSPITAL FOR CRETINS.* By J. HUTCHINSON, F. R. C. S. L.—I had the pleasure yesterday of paying a visit to the Abendberg Hospital for Cretins—an institution which I had long wished to see, and of the present state of which I am inclined to think that a short account may, perhaps, be acceptable to your readers. Although commenced but fourteen years ago, it was then the first hospital for idiots that the world had possessed, and to its example we are indebted for the several establishments of a somewhat similar character which have since come into life. It is not my purpose, however, to occupy your pages with any account of its formation, or of the reasons which induced its benevolent founder to undertake the work, but simply to give a brief report of a personal inspection of its wards.

Early on Saturday morning, July 21, I left Interlachen, in order to climb the Abendberg, a mountain the foot of which comes close to the town. High up upon its side the Cretin Hospital was already distinctly visible, and an hour and a half of steepish ascent brought me to its door. The reader must not suppose, from the use of such words as "hospital," "wards," etc., which, perhaps, from the force of habit, have escaped my pen, that the institution referred to bears any resemblance to those so designated at home. If he will imagine two or three Swiss chalets of the larger class placed side by side and built into each other, he will have a pretty good idea of the exterior of Dr. Guggenbuhl's mansion. The heights of the Abendberg are at a great elevation, and the prospect commanded from them is a most glorious one, comprising the vale and town of Interlachen, the lakes of Brienz and

* From the *Medical Times and Gazette*.

Thun, and the Bernese Alps, with the snow-clad Jungfrau, in a panorama not easily surpassed.

Dr. Guggenbuhl was at home, and with kind cordiality devoted a considerable portion of his morning to conducting me over the establishment.

The first room entered was the bath-room. In this were three girls, at ages varying from 6 to 10, apparently much enjoying their bath in a large tub of water, medicated by an infusion of aromatic and astringent herbs. This bath, I was told, was considered very efficacious in restoring muscular power, and was used once every day, or every alternate one, for about half an hour at a time. None of the three patients whom I saw could speak or stand, although they were all reported as improving, and had been under treatment for considerable periods. Passing from this room, we walked through the garden, and spoke to several children who were there engaged. One of them, a little girl of 8, presented a marked example of that form of the disease which is attended by a kind of solid edema of the cellular tissue. Her face was large and swollen, the lips and *ala nasi* being especially thickened; the tongue a little protruded from the mouth; the arms and legs were twice their natural size, from subcutaneous hypertrophy. Her head was large, and nowise ill-formed; but she had a remarkably stolid, apathetic expression, and would not attempt to utter a syllable. She could stand, and, by holding to a rail, could walk a little. Dr. Guggenbuhl told me that she had been two years under treatment, that the swelling had greatly diminished, and that the evidence of awakening mental faculties was satisfactory. Returning to the house, we found the three children, whom we had left in the bath, undergoing the second part of their prescription. They were now laid, quite naked, on a couch, in the open air, the head alone being protected by an umbrella from the sun, whilst the limbs were rubbed by an attendant with oiled hands. I was particularly struck with the peculiar yellow-brown colour of the skin which these children presented in all parts of the body. It reminded me strongly of that which occurs in certain rare cases in England, which have been described by Dr. Addison as associated with disease of the supra-renal capsules. The peasantry of Switzerland generally have bad, earthy complexions, and exhibit quite exceptionally anything like healthy, florid coloration; but in none have I noticed the lusterless bronzing of the surface so marked as in these cretin children. That it did not depend upon exposure to the sun was evident from its uniformity, and from its being even more pronounced in those parts protected by the clothes than in the arms and face.

Our next visit was to the school-room. Here we found sixteen children, about two-thirds boys, employed in reading and writing. All these had been for periods of from two to eight years inmates of the establishment, and were advancing in convalescence. All could stand and walk, and some had attained sufficient muscular power to be able to run and to lift weights. The movements, however, even of the most advanced, were still clumsy and awkward.

Dr. Guggenbuhl, in answer to questions, told me that his treatment was always, in the first place, directed to improving the physical development of his patients before attempting anything in the way of teaching, and that generally from one to two or more years would elapse before it was thought desirable to admit a child into the school. At first, instruction would be given for half an hour daily, and then, by gradual steps, the period would be increased to three hours, beyond which latter it was rarely thought advisable to pass. I may confess that I was totally unprepared for the remarkable results which I witnessed in the school-room. Of the sixteen cretins present, with the exception of one who was blind from small-pox, all could read and write, more or less. Two or three of them bore in their countenances unmistakable evidences of mental power developed even to a certain degree of acuteness. All looked happy, and several of them remarkably so. As a proof that the institution is not a mere asylum, but may fairly claim for itself the title of a "*Hospital for the cure of Cretinism*," let me cite the case of one lad whom I found acting as a sort of monitor. Fritz Meier, now aged sixteen, a native of a village on the banks of Lake of Thun, and one of a family of cretins, entered the Hospital eight years ago, unable to stand or to speak, and in a state of complete mental imbecility. He is now a well-grown lad, of a not unpleasing expression of countenance, fairly muscular, and able to run, though with a certain awkwardness of gait. His head is of a natural size, and, as to form, peculiar only in being contracted across the forehead. He answers questions willingly, and is glad to be conversed with, always, however, requiring a little time to prepare his replies. He has mastered three languages, and showed me his copy-book, in which were written long *dictation* lessons in German, French, and English. Anxious to test his powers, and to see whether he had attained any confirmed ideas, I got him to read to me in an English book. The word "stars" occurring, I asked him to give me the French and German for it. "*Les étoiles*," "*die sterne*," were his ready replies. "Where do we see the stars?" I asked. "In the heavens at night." "Where do they go in the daytime?" "They are still in the heavens." "In the heavens!" said I, assuming an expression of astonishment; "then why don't we see them?" He

thought a while, and replied, "Because the sun is too bright." Although this lad was certainly the most advanced of those whom I saw, yet Dr. Guggenbuhl gave me to understand that his case had many parallels.

A considerable number of the patients were engaged out of doors in gardening or farm occupations, the whole establishment comprising between thirty and forty. The acquirement of competency for industrial occupations, especially those pursued in the open air, is very properly considered the most important end of the treatment, inasmuch as it will enable them in after-life to earn a livelihood.

In fear that I shall otherwise unduly lengthen this letter, I will endeavor to express concisely in detached fragments what is further to be said.

1. With regard to medicinal treatment, Dr. Guggenbuhl told me that he had often derived great benefit from the use of mild preparations of iodine. In some cases iodine appeared to be hurtful, by increasing the muscular atrophy. The iodide of iron in grain doses was a favorite prescription. Almost all the patients had taken cod-liver oil, beginning with one-dram doses thrice daily, and gradually increasing the quantity. In improving the nutrition and aiding the physical development, Dr. Guggenbuhl spoke strongly of the effects he had witnessed from the oil. Tonics of all kinds, more especially the vegetable ones, were in general requisition.

2. The popular notion that cretins have small heads and low foreheads is a fallacy. Dr. Guggenbuhl assured me that in his observation microcephalic cases are decidedly exceptional. Of those I saw most had larger heads than usual, and only two were noticeably below the average.

3. A narrowness in the width of the forehead Dr. Guggenbuhl has observed to be the most frequent departure from the normal conformation of the head. In not a few instances the occiput is remarkably wanting, while in others it is unduly large.

4. Irregularity about the arrangement, size, etc., of the teeth, is a very constant phenomenon, and was present in almost all the patients I saw. An undue arching and height of the palate was another remarkable and very constant condition. In one girl, to whose mouth Dr. Guggenbuhl directed my attention, the hard palate could not, I should think, have been less than an inch in elevation above the level of the gums. The whole upper jaw was contracted, and the deformity quite sufficient to suggest the idea that, in many cases, this malformation may constitute one of the causes of difficult acquisition of the faculty of speech.

5. Other deformities, such as club-foot, for instance, Dr. Guggenbuhl believes to occur with greater frequency among cretins than others.

6. None of the patients whom I saw were affected with enlargement of the thyroid gland, to any noticeable extent. Dr. Guggenbuhl told me that, in Switzerland, goitre rarely commences before the age of 15; he had, however, known cases in which it was congenital, and others in which it had begun in very early life.

7. The distinction held between an idiot and a cretin is, that in the former, mental imbecility may be complete, the muscular power yet remaining good, whilst, in the latter, not only is the mind wanting, but there is loss of innervation generally. In cretins, the whole nervous system is deranged. There is no actual paralysis, but such entire loss of muscular co-ordination that the limbs are useless. The muscles are atrophied to an extreme degree, and a cretin is usually much emaciated. The leanness of the rest of his body serves, by contrast, to increase the disgusting appearance presented by his swollen tongue, thick lips, etc. Two of the children under Dr. Guggenbuhl's care belonged, as he remarked, more strictly to the class of idiots than to that of true cretins.

8. With regard to the causes of cretinism, Dr. Guggenbuhl believed that they were of a general character, and not by any means always the same. Close, confined, humid situations, impure water, want of attention to cleanliness, frequent intermarriage, were, as he thought, the causes to which its prevalence in Switzerland must be referred. As to the effects of intermarriage, he entertained a very strong opinion, and I was glad to learn that he is collecting a body of evidence on the subject, with the intention, at some future time, of making it public. Respecting the opinion first suggested by Cantu, of Turin, and since prominently developed by Dr. Chatin, of Paris, that the disease depends upon deficiency of iodine in the water and atmosphere, Dr. Guggenbuhl, in answer to my queries, stated that he deemed it, as yet, "not proven." He knew of no facts which made it very improbable, and much wished that some Faraday would undertake an inquiry of so much difficulty, requiring so much philosophic caution. He considered that Dr. Chatin had advanced it with much more of positiveness than his facts warranted.

9. Dr. Guggenbuhl believes that there are at present not fewer than 10,000 cretins of various degrees in the Swiss cantons, and at least an equal number in Piedmont.

10. I asked particularly as to the permanency of improvement in the cases which had been treated in the Abendberg. Dr. Guggenbuhl told me that many had been discharged more or less completely restored, and that some of these had continued hitherto without relapse. He

believed that after the age of about fifteen, the cure was permanent, and that even if the patient returned to his home in the valley, he would generally remain without relapse. At more early ages, however, relapse is frequent. In many instances in which parents, pleased with the improvement obtained, had insisted on having their children home too soon, a return of imbecility had been the result. This had been so frequent that a rule had been made for the establishment, that no child should be admitted unless the parents would engage that it should remain there at least three years. Dr. Guggenbuhl had known but very few cases indeed in which cretinism had commenced *de novo* in adult life. It would appear, indeed, to be a chronic disease to which the nervous system is liable only during the pre-adolescent period, and which, in its early stages, may be efficiently counteracted by the removal of its exciting causes, and the adoption of proper treatment. Whatever may be the patient's condition at the period of adult age, so he remains through life, with the difference in the cases remedied; and the qualities which in the child excited only pity, become disgusting and loathsome in the man. I cannot conclude this letter without an expression of the pleasure which my visit to Guggenbuhl's exceedingly well-managed establishment gave me. A more instructive exhibition of earnest, devoted, and successful philanthropy I have rarely witnessed.

RULES OF THE ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND
HOSPITALS FOR THE INSANE,

Adopted at the Annual Meeting, held at London, 19th July, 1855.

1. *Objects.*—That the objects of the Association shall be the improvement of asylums and hospitals for the insane, the acquisition and diffusion of a more extended knowledge of insanity and its treatment, and the promotion of a free communication on these subjects between the members.

2. *Members.*—That the Association do consist of medical officers of hospitals and asylums for the insane, public and private, and of legally qualified medical practitioners, otherwise engaged in the treatment of insanity.

3. *Election of Members.*—That the election of members do take place by ballot at the annual meetings, a majority of two-thirds of those present being required for the election of each candidate.

4. *Annual Subscription.*—That each member pay an annual subscription of one guinea, the subscription to be due in advance, on the 1st of July in each year; the accounts to be made up to the 30th of June.

5. *Arrears.*—That any member in arrear of his subscription more than twelve months after the expiration of the year for which it becomes due, and more than three months after application by the Secretary for the same, shall cease to be considered a member of the Association, provided no reason satisfactory to the annual meeting be assigned for the non-payment of such arrears.

6. *Honorary Members.*—That gentlemen, whether of the medical profession or otherwise, who are distinguished by the interest they take in the erection and management of asylums and the proper treatment of the insane, be eligible for election as honorary members, the election to be by ballot, as in the case of ordinary members.

7. *Officers.*—That the officers of the Association do consist of a President, Treasurer, General Secretary, a Secretary for Scotland, a Secretary for Ireland, the Editor of the Journal, and two Auditors, who shall be elected at each annual meeting.

8. *President.*—That the President for the year do enter on his duties at each annual meeting, and that his successor be appointed before the meeting separates.

9. *Other Officers.*—That the Treasurer and Secretaries, Editor of the Journal, and one Auditor be eligible for re-election.

10. *Annual Meetings.*—That an annual meeting of the Association be held on one of the Thursdays in July in each year, at one o'clock; such meetings to be called both by advertisement and circular to each member, giving at least two weeks' notice.

11. *Committee.*—That the officers of the Association, with the President elect and the President of the past year, do constitute a Committee, with power to add to their number, which shall meet at twelve o'clock on the day of each annual meeting, in order to arrange the business of the day.

12. *Place of Meeting.*—That the annual meeting be held either in London, or, if so agreed at the preceding meeting, or after circular to each member, in some provincial town or city where, or in the neighborhood of which there is a public asylum, or where some other object is likely to attract the members.

13. *Adjournment of Meetings.*—That the annual meetings may be adjourned to a second day, if a majority of those present so decide.

14. *Order of Business.*—That after the minutes of the preceding meeting have been read, and the ordinary business transacted, reports from members appointed to prepare the same, and other papers and communications shall be received, and free discussion be invited on all topics connected with the objects of the Association. Each member to be allowed to introduce one visitor at the meeting. A report of the proceedings of each meeting to be published in the *Asylum Journal*.

15. *Finances and Asylum Journal.*—That after the payment of the ordinary expenses of the Association, the surplus funds shall be appropriated in aid of the *Asylum Journal*, published by authority of the Association; the accounts of the Editor of the said Journal and of the

Treasurer of the Association shall be examined by two Auditors, who shall report to each annual meeting. Each ordinary member of the Association to be entitled to receive the said publication without further payment.

16. *Register of Cases.*—That to insure a correct comparison of the results of treatment in the several institutions, it is strongly recommended to those members who have the superintendence of public asylums to keep registers of the cases admitted, according to the form agreed on at a meeting of the Association held at Lancaster in 1842; and to append to their respective annual reports, tabular statements on, as far as possible, a like uniform plan.

17. *Disuse of Obsolete Terms.*—That by members of the Association such terms as "lunatic" and "lunatic asylum" be, as far as possible, disused, and that, except for official or legal purposes the terms "insane person" and "asylum" or "hospital for the insane" be substituted; and that generally all terms having an opprobrious origin or application in connection with the insane be disused and discouraged.

18. *Alteration of Rules.*—That any member wishing to propose any alteration in, or addition to the rules, do give notice of his intention at a previous annual meeting, or give a month's notice to the Secretary, who shall inform each member of the Association of the same, in the circular by which such meeting is called.

(Signed)

JOHN THURNAM, *President.*

NATURE OF POVERTY.—It is worth while to look somewhat at the nature of poverty, its origin, and its relation to man and to society. It is usually considered as a single, outward circumstance—the absence of worldly goods; but this want is a mere incident in this condition—only one of its manifestations. Poverty is an inward principle, enrooted deeply within the man, and running through all his elements; it reaches his body, his health, his intellect, and his moral powers, as well as his estate. In one or other of these elements it may predominate, and in that alone he may seem to be poor; but it usually involves more than one of the elements, often the whole. Hence we find that, among those whom the world calls poor, there is less vital force, a lower tone of life, more ill health, more weakness, more early death, a diminished longevity. There is also less self-respect, ambition, and hope, more idiocy and insanity, and more crime, than among the independent.

The preponderance of mental defect and disease among the poor is unquestionably shown by the comparison of the number of lunatics and idiots in the two classes. None could for a moment suppose that the total of these classes, the independent and the pauper, are in this ratio.

The whole number of permanent and temporary paupers who were relieved or supported from the public treasury in Massachusetts, during the last year, was 23,125. At the same time the calculated population of the state was 1,124,676, of whom 1,102,551 were independent and self-supporting. These are in the ratio of 72.9 independent to 100 paupers. Comparing these ratios, we find that the pauper class furnishes, in ratio of its numbers, sixty-four times as many cases of insanity as the independent class.

This is not only a demonstrable fact in Massachusetts and Great Britain, and probably elsewhere, but it proceeds out of a principle which is fixed in the law of our being—that poverty is not a single fact of an empty purse, but involves in various degrees the whole man, and presents as many facts as there are elements of our nature that can be depreciated or perverted. Insanity is, then, a part and parcel of poverty; and wherever that involves any considerable number of persons, this disease is manifested.

When the poor become thus sick and dependent, although friends may, in some instances, be able and willing to step in and meet this expense, yet unfortunately they too are generally poor, and the public treasury is the only and the necessary resort for help; and especially when any one becomes insane, the town or the state necessarily assumes the burden. Moreover, as this disease, more than others, is lasting, it would more certainly exhaust any little gathered store of the poor and the power and the patience of friends; and then, if the lunatic is not at once thrown upon the public, he must ultimately reach that end.—*Jarvis on Insanity and Idiocy in Massachusetts.*

ELEVENTH ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN IN- STITUTIONS FOR THE INSANE.

Having failed to receive the usual announcement from the Secretary, we would remind the members of the Association that at the Tenth Annual Meeting, held in Boston, the "Association adjourned to meet in Cincinnati, Ohio, on the third Monday in May, 1856, at 10 o'clock, A. M."

BOOKS, &c., RECEIVED.

☞ Since our last issue the following Books and Journals have been received in exchange or otherwise :

Clinical Lectures on Paralysis, Disease of the Brain, and other Affections of the Nervous System. By Robert Bentley Todd, M. D., F. R. S., Physician to King's College Hospital. Philadelphia: Lindsay and Blakiston. 1855. (From the Publishers.)

A Manual of Clinical Medicine and Physical Diagnosis. By T. H. Tanner, M. D., Licentiate of the Royal College of Physicians, &c. To which is added the Code of Ethics of the American Medical Association. Philadelphia: Blanchard and Lee. 1853. (From the Publishers.)

Transactions of the Medical Association of Southern Central New York, at the Ninth Annual Meeting, held at Elmira, June 5th, 1855.

FOREIGN EXCHANGES.

Bulletin de L'Académie Impériale de Médecine. Paris. Tome XX. Nos. 17, 18, 19 and 20.

Gazette Médicale de Paris. Paris. Tome X, Nos. 17 and 31 inclusive. (No. 25 not received.)

Gazette des Hospitaux. Regularly.

Journal de Médecine et de Chirurgie. Paris. May, June, July, 1855.

Revue de Thérapeutique Médico-Chirurgicale. Paris, 1855. Nos. 9 and 15 inclusive.

The Asylum Journal. Published by authority of the Association of Medical Officers of Asylums and Hospitals for the Insane. No. 14. (None received since July 2, 1855.)

British and Foreign Medico-Chirurgical Review. July. Republished by S. S. & W. Wood, New York, 1855. Quarterly.

The London Lancet. Edited by Thomas Wakely, Surgeon. J. H. Bennett, M. D., and T. R. Wakely, Jr., M. R. C. S., Sub-Editors. Republished in New York by Stringer & Townsend. 1855. August and September received.

The Dublin Quarterly Journal of Medical Science. Quarterly. No. XXXVIII. May, 1855.

The Dublin Medical Press. Dublin. Weekly. Nos. 860 and 870 inclusive.

AMERICAN EXCHANGES.

New York Journal of Medicine and the Collateral Sciences. Edited by Samuel S. Purple, M. D., and Stephen Smith, M. D. Bi-monthly. September, 1855.

New York Medical Times. Edited by H. D. Bulkley, M. D., and J. G. Adams, M. D., Editors and Proprietors. New York. Monthly. July, August and September.

American Medical Monthly. Edited by Edward H. Parker, M. D. New-York. Monthly. August and September.

The Scalpel; an entirely original Quarterly Expositor of the Laws of Health, and Abuses of Medicine and Domestic Life. Edited by Edward H. Dixon, M. D. New York. July, 1855.

New York Medical Gazette and Journal of Health. Edited by D. M. Reese, M. D., LL. D., and C. D. Griswold, M. D., Assistant Editor. New York. Monthly. August, 1855.

Buffalo Medical Journal and Monthly Review of Medical and Surgical Science. S. B. Hunt, M. D., Editor. Buffalo, N. Y. Monthly. August and September.

Nelson's American Lancet. Edited by Horace Nelson, M. D., and Dr. Alfred Nelson. Plattsburgh, N. Y. June and July, 1855.

Boston Medical and Surgical Journal. Edited by J. V. C. Smith, M. D., assisted by Wm. W. Morland, M. D., and Francis Minot, M. D. Boston. Weekly. Vol LI, Nos. 24 and 25, and Vol. LIII. Nos. 1 and 9 inclusive. (No. 2 not received.)

The New Jersey Medical Reporter; a Monthly Journal of Medical and Surgical Science. Edited by S. W. Butler, M. D., Burlington, N. J. August and September, 1855.

The Medical Examiner, a Monthly Record of Medical Science. Edited by Samuel L. Hollingsworth, M. D. Philadelphia. Monthly. August and September, 1855.

Medical News and Library. Philadelphia. Monthly. August and September.

The American Journal of Dental Science. Edited by Chapin A. Harris, M. D., D. D. S., and A. Snowdon Piggot, M. D. Philadelphia. Quarterly. July, 1855.

The Pennsylvania Journal of Prison Discipline and Philanthropy. Published quarterly, under the direction of the "Philadelphia Society for Alleviating the Miseries of Public Prisons;" instituted 1787. Philadelphia. April and July, 1855.

Journal of the Franklin Institute, of the State of Pennsylvania, for the Promotion of the Mechanic Arts. Edited by John F. Frazer, assisted by the Committee on Publication of the Franklin Institute. Philadelphia. Monthly. September, 1855.

American Journal of Pharmacy; published by authority of the Philadelphia College of Pharmacy. Edited by William Proctor, Jr., Professor of Pharmacy in the Philadelphia College of Pharmacy. Bi-monthly. June and September, 1855.

New Hampshire Journal of Medicine. Edited by Geo. H. Hubbard, M. D., and Chas. Bell, M. D. Concord. Monthly. August and September, 1855.

The Medical Chronicle, or Montreal Monthly Journal of Medicine and Surgery. Edited by W. Wright, M. D., and D. C. MacCallum, M. D. Montreal. Monthly. August and September, 1855.

The Stethoscope: a Monthly Journal of Medicine and the Collateral Sciences. Edited by G. A. Wilson, M. D., and R. A. Lewis, M. D. Richmond, Va. Monthly. August and September, 1855.

Virginia Medical and Surgical Journal. Editors, James B. McCaw M. D., and J. F. Peebles, M. D. G. A. Otis, M. D., Corresponding Editor. Richmond, Va. Monthly. July, August and September.

Charleston Medical Journal and Review. Edited and published by C. Happoldt, M. D., assisted by J. Cain, M. D., and F. Peyre Porcher, M. D. Charleston, S. C. Bi-monthly. September, 1855.

Southern Medical and Surgical Journal. Edited by L. A. Dugas, M. D. and Henry Rossignol, M. D. Augusta, Ga. Monthly. August and September.

Atlanta Medical and Surgical Journal. Edited by Joseph P. Logan, M. D., and W. F. Westmoreland, M. D. Atlanta, Ga. Monthly. September, 1855.

New Orleans Medical and Surgical Journal. Edited by B. Dowler, M. D. New Orleans. Bi-monthly. September, 1855.

Nashville Journal of Medicine and Surgery. Edited by W. K. Bowling, M. D., assisted by Paul F. Eve, M. D. Nashville, Tenn. Monthly. August and September.

The Southern Journal of the Medical and Physical Sciences, edited by W. P. Jones, M. D., John W. King, M. D., and Richard O. Curry, M. D. Knoxville, Tenn. Bi-monthly. May and July, 1855.

Memphis Medical Recorder. Published Bi-monthly by the Memphis Medical College. Edited by A. P. Merrill, M. D. Memphis. July and September.

The Western Journal of Medicine and Surgery. Edited by Lunsford P. Yandell, M. D. Louisville, Ky. Monthly. August, 1855.

St. Louis Medical and Surgical Journal. Edited by Drs. M. L. Linton, W. M. McPheeters, John S. Moore and J. R. Allen. Bi-monthly. July and September.

The Peninsular Journal of Medicine and the Collateral Sciences. Edited by A. B. Palmer, M. D., and E. Andrews, A. M., M. D. Ann Arbor, Michigan. July, August and September.

The North-Western Medical and Surgical Journal. Edited by H. A. Johnson, A. M., M. D., and N. S. Davis, M. D. Chicago. Monthly. August, 1855.

Western Lancet ; a Monthly Journal of Practical Medicine and Surgery. T. Wood, M. D., Editor and Proprietor. Cincinnati, Ohio. August and September.

Iowa Medical Journal. Conducted by the Faculty of the Medical Department of the Iowa University. Keokuk, Iowa. Monthly. June and July, 1855.

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